

104 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AID CODE 10				
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	MONTHLY AVERAGE
@TOTAL, ALL PROVIDERS	1,694	14,527	\$ 694,658.12	\$ 47.82	139.683	\$ 410.07	\$ 6679.41	
@PHYSICIANS SERVICES	21	52	\$ 1,132.75	\$ 21.78	.500	\$ 53.94	\$ 10.89	
OUTPATIENT VISITS	3	3	79.60	26.53	.029	26.53	.77	
OFFICE VISITS	3	3	79.60	26.53	.029	26.53	.77	
HOME VISITS	0	0	.00	.00	.000	.00	.00	
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00	
INPATIENT VISITS	1	3	30.83	10.28	.029	30.83	.30	
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00	
CRITICAL CARE	0	0	.00	.00	.000	.00	.00	
SNF/ICF/TRANS IP CARE	1	3	30.83	10.28	.029	30.83	.30	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00	
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00	
DIALYSIS	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	2	2	6.27	3.14	.019	3.14	.06	
RADIOLOGY	2	2	112.73	56.37	.019	56.37	1.08	
PSYCHIATRY	0	0	.00	.00	.000	.00	.00	
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES/ALL X-OVERS	17	42	903.32	21.51	.404	53.14	8.69	
@PHARMACY	233	3,612	\$ 49,669.59	\$ 13.75	34.731	\$ 213.17	\$ 477.59	
PRESCRIPTION DRUGS	227	504	49,231.31	97.68	4.846	216.88	473.38	
SNF/ICF	28	77	10,780.68	140.01	.740	385.02	103.66	
OUTPATIENTS	202	427	38,450.63	90.05	4.106	190.35	369.72	
MEDICAL SUPPLIES	10	3,108	438.28	.14	29.885	43.83	4.21	
@DENTIST	624	2,603	\$ 121,065.87	\$ 46.51	25.029	\$ 194.02	\$ 1164.09	
VISITS - DIAGNOSTIC	371	1,527	15,517.97	10.16	14.683	41.83	149.21	
ORAL SURGERY	114	268	12,235.00	45.65	2.577	107.32	117.64	
DRUGS	0	0	.00	.00	.000	.00	.00	
ANESTHESIA	0	1	.00	.00	.010	.00	.00	
PERIODONTICS	50	54	4,828.00	89.41	.519	96.56	46.42	
ENDODONTICS	40	68	15,987.00	235.10	.654	399.68	153.72	
RESTORATIVE DENTISTRY	129	280	25,227.15	90.10	2.692	195.56	242.57	
PROSTHETICS	23	24	670.00	27.92	.231	29.13	6.44	
DENTURES, STAYPLATES	134	373	46,600.75	124.93	3.587	347.77	448.08	
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00	
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00	
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00	
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00	
ALL OTHER SERVICES	12	8	.00	.00	.077	.00	.00	

YOLO COUNTY	SUMMARY OF SERVICES FOR CASH GRANT AGED				AID CODE 10		----- MONTHLY AVERAGE -----		
104 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	17	54	\$	978.56	18.12	.519	\$ 57.56	\$ 9.41	
DIAGNOSTIC AND ANC. PROCED	1	1		47.45	47.45	.010	47.45	.46	
EYE APPLIANCES	16	44		783.98	17.82	.423	49.00	7.54	
OTHER OPTOMETRIC SERVICES	3	9		147.13	16.35	.087	49.04	1.41	
@CHIROPRACITOR	0	0	\$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00	.00	.000	.00	.00	
OTHER SERVICES	0	0		.00	.00	.000	.00	.00	
@PODIATRIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00	
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00	
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00	
OTHER	0	0		.00	.00	.000	.00	.00	
@HOME HEALTH AGENCY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	7	35	\$	9,234.66	\$ 263.85	.337	\$ 1319.24	\$ 88.79	
HOSP INPATIENT TOTAL	3	9		8,857.48	984.16	.087	2952.49	85.17	
HSC HOSPITALS	2	9		8,857.48	984.16	.087	4428.74	85.17	
NON-HSC HOSPITAL TOTAL	0	0		.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00	
ANCILLARIES	0	0		.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	1	0		.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00	
HOSP OUTPATIENT TOTAL	4	26		377.18	14.51	.250	94.30	3.63	
MEDICAL	0	0		.00	.00	.000	.00	.00	
SURGERY	0	0		.00	.00	.000	.00	.00	
PATHOLOGY	0	0		.00	.00	.000	.00	.00	
RADIOLOGY	0	0		.00	.00	.000	.00	.00	
ROOM USE	0	0		.00	.00	.000	.00	.00	
CROSSOVERS/ALL OTH OUTPTNT	4	26		377.18	14.51	.250	94.30	3.63	
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00	
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00	
ANCILLARIES	0	0		.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00	
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00	
MEDICAL	0	0		.00	.00	.000	.00	.00	
SURGERY	0	0		.00	.00	.000	.00	.00	
PATHOLOGY	0	0		.00	.00	.000	.00	.00	

RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 17,923

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

YOLO COUNTY SUMMARY OF SERVICES FOR CASH GRANT - AGED AID CODE 10

104 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	7	35	\$ 9,234.66	\$ 263.85	.337	\$ 1319.24	\$ 88.79
COMM HOSP INPATIENT TOTAL	3	9	8,857.48	984.16	.087	2952.49	85.17
HSC HOSPITALS	2	9	8,857.48	984.16	.087	4428.74	85.17
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	4	26	377.18	14.51	.250	94.30	3.63
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	4	26	377.18	14.51	.250	94.30	3.63
@STATE HOSPITAL	2	62	\$ 31,501.57	\$ 508.09	.596	\$ 15750.79	\$ 302.90
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	2	62	31,501.57	508.09	.596	15750.79	302.90
@NURSING FACILITY	3	26	\$ 1,960.70	\$ 75.41	.250	\$ 653.57	\$ 18.85
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	3	26	1,960.70	75.41	.250	653.57	18.85
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	1	1	\$ 630.14	\$ 630.14	.010	\$ 630.14	\$ 6.06
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	1	1	630.14	630.14	.010	630.14	6.06
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	1	5	\$ 31.86	\$ 6.37	.048	\$ 31.86	\$.31
PATHOLOGY	1	5	31.86	6.37	.048	31.86	.31
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	37	51	\$ 8,084.89	\$ 158.53	.490	\$ 218.51	\$ 77.74
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	37	51	8,084.89	158.53	.490	218.51	77.74

104 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	857	8,026	\$ 470,367.53	\$ 58.61	77.173	\$ 548.85	\$ 4522.76
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	2	40	95.98	2.40	.385	47.99	.92
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	1	36	63.15	1.75	.346	63.15	.61
OTHER SERVICES	1	4	32.83	8.21	.038	32.83	.32
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	539	6,445	448,585.78	69.60	61.971	832.26	4313.32
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	39	201	14,269.48	70.99	1.933	365.88	137.21
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	287	661	7,073.41	10.70	6.356	24.65	68.01
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	1	3	1.12	.37	.029	1.12	.01
PROSTHETIST/ORTHOTISTS	1	2	78.86	39.43	.019	78.86	.76
PROSTHETICS	1	2	78.86	39.43	.019	78.86	.76
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	4	674	262.90	.39	6.481	65.73	2.53
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	29	86	\$ 836.25	\$ 9.72	.827	\$ 28.84	\$ 8.04

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

PAGE 17,925

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

YOLO COUNTY

SUMMARY OF SERVICES FOR CASH GRANT - BLIND

AID CODE 20

15 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	170	4,779	\$ 122,623.52	\$ 25.66	318.600	\$ 721.31	\$ 8174.90
@PHYSICIANS SERVICES	3	4	\$ 176.04	\$ 44.01	.267	\$ 58.68	\$ 11.74
OUTPATIENT VISITS	2	2	73.98	36.99	.133	36.99	4.93
OFFICE VISITS	1	1	59.50	59.50	.067	59.50	3.97
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	1	1	14.48	14.48	.067	14.48	.97
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00

SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	1	2		102.06	51.03	.133	102.06	6.80
@PHARMACY	42	119	\$	34,632.38	\$ 291.03	7.933	\$ 824.58	\$ 2308.83
PRESCRIPTION DRUGS	42	119		34,632.38	291.03	7.933	824.58	2308.83
SNF/ICF	9	25		7,017.90	280.72	1.667	779.77	467.86
OUTPATIENTS	37	94		27,614.48	293.77	6.267	746.34	1840.97
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	47	202	\$	4,604.00	\$ 22.79	13.467	\$ 97.96	\$ 306.93
VISITS - DIAGNOSTIC	29	134		1,423.00	10.62	8.933	49.07	94.87
ORAL SURGERY	10	40		1,824.00	45.60	2.667	182.40	121.60
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	8	9		472.00	52.44	.600	59.00	31.47
ENDODONTICS	2	2		520.00	260.00	.133	260.00	34.67
RESTORATIVE DENTISTRY	4	4		144.00	36.00	.267	36.00	9.60
PROSTHETICS	0	0		.00	.00	.000	.00	.00

DENTURES, STAYPLATES	2	12	221.00	18.42	.800	110.50	14.73
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	1	.00	.00	.067	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 17,926
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
YOLO COUNTY SUMMARY OF SERVICES FOR CASH GRANT - BLIND AID CODE 20

15 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACITOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	1	1	\$ 2.88	\$ 2.88	.067	\$ 2.88	\$.19
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	1	1	2.88	2.88	.067	2.88	.19
@HOME HEALTH AGENCY	2	98	\$ 2,904.50	\$ 29.64	6.533	\$ 1452.25	\$ 193.63
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	3	8	\$ 192.54	\$ 24.07	.533	\$ 64.18	\$ 12.84
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	3	8	192.54	24.07	.533	64.18	12.84
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	4	36.28	9.07	.267	36.28	2.42
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	2	70.26	35.13	.133	70.26	4.68
CROSSOVERS/ALL OTH OUTPTNT	2	2	86.00	43.00	.133	43.00	5.73
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 17,927
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
YOLO COUNTY SUMMARY OF SERVICES FOR CASH GRANT - BLIND AID CODE 20

15 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3	8	\$ 192.54	\$ 24.07	.533	\$ 64.18	\$ 12.84
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	3	8	192.54	24.07	.533	64.18	12.84
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	4	36.28	9.07	.267	36.28	2.42
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	2	70.26	35.13	.133	70.26	4.68
CROSSOVERS/ALL OTH OUTPTNT	2	2	86.00	43.00	.133	43.00	5.73
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	2	16	\$ 1,913.60	\$ 119.60	1.067	\$ 956.80	\$ 127.57
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	2	16	1,913.60	119.60	1.067	956.80	127.57
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	1	1	\$ 660.00	\$ 660.00	.067	\$ 660.00	\$ 44.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	1	1	660.00	660.00	.067	660.00	44.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00

@ORGANIZED OUTPATIENT CLINIC	5	6	\$	1,296.00	\$	216.00	.400	\$	259.20	\$	86.40
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	5	6		1,296.00		216.00	.400		259.20		86.40

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 17,928
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
YOLO COUNTY SUMMARY OF SERVICES FOR CASH GRANT - BLIND AID CODE 20

15 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	90	4,324	\$ 76,241.58	\$ 17.63	288.267	\$ 847.13	\$ 5082.77
DURABLE MED. EQUIP.	1	25	1,623.14	64.93	1.667	1623.14	108.21
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	2	925	1,668.06	1.80	61.667	834.03	111.20
AMBULANCES/AIR TRANS	1	1	107.16	107.16	.067	107.16	7.14
OTHER TRANS	1	924	1,560.90	1.69	61.600	1560.90	104.06
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	64	774	53,854.92	69.58	51.600	841.48	3590.33
GENETIC DISEASE TESTING	1	1	105.00	105.00	.067	105.00	7.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	9	16	188.90	11.81	1.067	20.99	12.59
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	7	354	1,335.75	3.77	23.600	190.82	89.05
EPSDT SUPPLEMENTAL SERVICE	4	586	17,234.26	29.41	39.067	4308.57	1148.95
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	3	1,643	231.55	.14	109.533	77.18	15.44
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	5	7	\$ 843.08	\$ 120.44	.467	\$ 168.62	\$ 56.21

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 17,929
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
YOLO COUNTY	SUMMARY OF SERVICES FOR CASH GRANT - DISABLED	AID CODE 60

799 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	10,813	93,867	\$ 4,934,385.26	\$ 52.57	117.481	\$ 456.34	\$ 6175.70
@PHYSICIANS SERVICES	394	977	\$ 30,985.54	\$ 31.71	1.223	\$ 78.64	\$ 38.78
OUTPATIENT VISITS	122	150	6,132.39	40.88	.188	50.27	7.68
OFFICE VISITS	79	94	3,420.34	36.39	.118	43.30	4.28
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	28	38	2,048.92	53.92	.048	73.18	2.56

PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	2	2	179.48	89.74	.003	89.74	.22
OTHER OUTPATIENT	14	16	483.65	30.23	.020	34.55	.61
INPATIENT VISITS	48	129	4,772.99	37.00	.161	99.44	5.97
HOSPITAL VISITS	23	64	2,487.25	38.86	.080	108.14	3.11
CRITICAL CARE	4	7	604.00	86.29	.009	151.00	.76
SNF/ICF/TRANS IP CARE	25	58	1,681.74	29.00	.073	67.27	2.10
OPHTHALMOLOGICAL SERVICES	6	7	249.48	35.64	.009	41.58	.31
EXAMINATIONS	6	7	249.48	35.64	.009	41.58	.31
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	9	31	3,296.54	106.34	.039	366.28	4.13
PRINCIPAL SURGEON	6	6	2,518.24	419.71	.008	419.71	3.15
ASSISTANT SURGEON	1	1	101.27	101.27	.001	101.27	.13
ANESTHESIOLOGIST	3	24	677.03	28.21	.030	225.68	.85
OUTPATIENT SURGERY	14	26	3,126.99	120.27	.033	223.36	3.91
PRINCIPAL SURGEON	13	15	2,802.56	186.84	.019	215.58	3.51
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	11	324.43	29.49	.014	162.22	.41
DIALYSIS	1	1	225.04	225.04	.001	225.04	.28
PATHOLOGY	11	21	364.49	17.36	.026	33.14	.46
RADIOLOGY	52	90	3,755.15	41.72	.113	72.21	4.70
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	8	41	370.97	9.05	.051	46.37	.46
OTHER SERVICES/ALL X-OVERS	202	481	8,691.50	18.07	.602	43.03	10.88
@PHARMACY	5,960	22,154	\$ 2,812,154.98	\$ 126.94	27.727	\$ 471.84	\$ 3519.59
PRESCRIPTION DRUGS	5,938	14,398	2,798,305.82	194.35	18.020	471.25	3502.26
SNF/ICF	464	1,745	301,565.37	172.82	2.184	649.93	377.43
OUTPATIENTS	5,524	12,653	2,496,740.45	197.32	15.836	451.98	3124.83
MEDICAL SUPPLIES	66	7,756	13,849.16	1.79	9.707	209.84	17.33
@DENTIST	2,846	13,666	\$ 473,032.04	\$ 34.61	17.104	\$ 166.21	\$ 592.03
VISITS - DIAGNOSTIC	1,919	9,268	100,093.95	10.80	11.599	52.16	125.27
ORAL SURGERY	436	1,033	52,217.75	50.55	1.293	119.77	65.35
DRUGS	1	1	25.00	25.00	.001	25.00	.03
ANESTHESIA	1	1	100.00	100.00	.001	100.00	.13
PERIODONTICS	270	300	29,313.60	97.71	.375	108.57	36.69
ENDODONTICS	197	317	67,909.00	214.22	.397	344.72	84.99
RESTORATIVE DENTISTRY	697	1,704	119,268.45	69.99	2.133	171.12	149.27
PROSTHETICS	47	57	1,520.00	26.67	.071	32.34	1.90
DENTURES, STAYPLATES	315	916	101,714.29	111.04	1.146	322.90	127.30
SPACE MAINTAINERS	4	10	480.00	48.00	.013	120.00	.60
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	6	6	315.00	52.50	.008	52.50	.39
ALL OTHER SERVICES	50	53	75.00	1.42	.066	1.50	.09

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 17,930
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
YOLO COUNTY SUMMARY OF SERVICES FOR CASH GRANT - DISABLED AID CODE 60

799 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	90	245	\$ 4,678.17	\$ 19.09	.307	\$ 51.98	\$ 5.86
DIAGNOSTIC AND ANC. PROCED	32	35	1,380.46	39.44	.044	43.14	1.73
EYE APPLIANCES	77	207	3,267.85	15.79	.259	42.44	4.09
OTHER OPTOMETRIC SERVICES	2	3	29.86	9.95	.004	14.93	.04
@CHIROPRACTOR	1	2	\$ 33.44	\$ 16.72	.003	\$ 33.44	\$.04
VISITS	1	2	33.44	16.72	.003	33.44	.04

OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	7	14	\$	346.66	\$ 24.76	.018	\$ 49.52	\$.43
MEDICINE/INJECTIONS	4	5		187.90	37.58	.006	46.98	.24
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	1	2		34.60	17.30	.003	34.60	.04
OTHER	3	7		124.16	17.74	.009	41.39	.16
@HOME HEALTH AGENCY	5	438	\$	13,643.22	\$ 31.15	.548	\$ 2728.64	\$ 17.08
NURSE ANESTHESIST	0	0	\$	.00	.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$	.00	.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	3	5	\$	71.85	\$ 14.37	.006	\$ 23.95	\$.09
@TOTAL HOSPITAL	140	681	\$	142,525.78	\$ 209.29	.852	\$ 1018.04	\$ 178.38
HOSP INPATIENT TOTAL	42	67		130,931.70	1954.20	.084	3117.42	163.87
HSC HOSPITALS	10	37		55,666.83	1504.51	.046	5566.68	69.67
NON-HSC HOSPITAL TOTAL	4	30		54,122.50	1804.08	.038	13530.63	67.74
ACCOMMODATIONS	4	30		11,898.62	396.62	.038	2974.66	14.89
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	4	30		11,898.62	396.62	.038	2974.66	14.89
ANCILLARIES	4	0		42,223.88	.00	.000	10555.97	52.85
INPATIENT CROSSEOVERS	28	0		21,142.37	.00	.000	755.08	26.46
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	101	614		11,594.08	18.88	.768	114.79	14.51
MEDICAL	21	29		1,308.59	45.12	.036	62.31	1.64
SURGERY	1	1		21.55	21.55	.001	21.55	.03
PATHOLOGY	40	304		2,170.86	7.14	.380	54.27	2.72
RADIOLOGY	21	52		2,743.65	52.76	.065	130.65	3.43
ROOM USE	51	63		2,254.88	35.79	.079	44.21	2.82
CROSSEOVERS/ALL OTH OUTPTNT	42	165		3,094.55	18.75	.207	73.68	3.87
@COUNTY HOSPITAL TOTAL	3	6	\$	201.69	\$ 33.62	.008	\$ 67.23	\$.25
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	3	6	201.69	33.62	.008	67.23	.25
MEDICAL	1	1	69.18	69.18	.001	69.18	.09
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	3	40.76	13.59	.004	40.76	.05
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	2	2	91.75	45.88	.003	45.88	.11
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 17,931
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
YOLO COUNTY SUMMARY OF SERVICES FOR CASH GRANT - DISABLED AID CODE 60

799 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	138	675	\$ 142,324.09	\$ 210.85	.845	\$ 1031.33	\$ 178.13
COMM HOSP INPATIENT TOTAL	42	67	130,931.70	1954.20	.084	3117.42	163.87
HSC HOSPITALS	10	37	55,666.83	1504.51	.046	5566.68	69.67
NON-HSC HOSPITALS TOTAL	4	30	54,122.50	1804.08	.038	13530.63	67.74
ACCOMMODATIONS	4	30	11,898.62	396.62	.038	2974.66	14.89
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	4	30	11,898.62	396.62	.038	2974.66	14.89
ANCILLARIES	4	0	42,223.88	.00	.000	10555.97	52.85
INPATIENT CROSSOVERS	28	0	21,142.37	.00	.000	755.08	26.46
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	99	608	11,392.39	18.74	.761	115.07	14.26
MEDICAL	20	28	1,239.41	44.26	.035	61.97	1.55
SURGERY	1	1	21.55	21.55	.001	21.55	.03
PATHOLOGY	39	301	2,130.10	7.08	.377	54.62	2.67
RADIOLOGY	21	52	2,743.65	52.76	.065	130.65	3.43
ROOM USE	50	61	2,163.13	35.46	.076	43.26	2.71
CROSSOVERS/ALL OTH OUTPTNT	42	165	3,094.55	18.75	.207	73.68	3.87
@STATE HOSPITAL	12	366	\$ 257,116.68	\$ 702.50	.458	\$ 21426.39	\$ 321.80
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	12	366	257,116.68	702.50	.458	21426.39	321.80
@NURSING FACILITY	61	1,388	\$ 191,210.00	\$ 137.76	1.737	\$ 3134.59	\$ 239.31
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	34	1,135	142,238.20	125.32	1.421	4183.48	178.02
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	2	28	16,209.99	578.93	.035	8105.00	20.29
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	25	225	32,761.81	145.61	.282	1310.47	41.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	5	42	\$ 2,516.23	\$ 59.91	.053	\$ 503.25	\$ 3.15
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	5	42	2,516.23	59.91	.053	503.25	3.15

@REHABILITATION FACILITY	6	49	\$	885.66	\$	18.07	.061	\$	147.61	\$	1.11
HOSPITAL BASED	1	2		138.33		69.17	.003		138.33		.17
INDEPENDENT FACILITY	5	47		747.33		15.90	.059		149.47		.94
@LABORATORY FACILITY	74	257	\$	2,621.13	\$	10.20	.322	\$	35.42	\$	3.28
PATHOLOGY	74	257		2,621.13		10.20	.322		35.42		3.28
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	148	495	\$	39,093.44	\$	78.98	.620	\$	264.14	\$	48.93
CLINIC	37	320		6,345.85		19.83	.401		171.51		7.94
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	111	175		32,747.59		187.13	.219		295.02		40.99

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 17,932
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
YOLO COUNTY SUMMARY OF SERVICES FOR CASH GRANT - DISABLED AID CODE 60

799 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	2,552	53,088	\$ 963,470.44	\$ 18.15	66.443	\$ 377.54	\$ 1205.85
DURABLE MED. EQUIP.	8	14	1,022.52	73.04	.018	127.82	1.28
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	26	371	4,134.87	11.15	.464	159.03	5.18
AMBULANCES/AIR TRANS	20	348	3,452.20	9.92	.436	172.61	4.32
OTHER TRANS	5	330	748.61	2.27	.413	149.72	.94
OTHER SERVICES	1	307CR	65.94CR	.21	.384CR	65.94CR	.08CR
ACUPUNCTURE	1	1	16.22	16.22	.001	16.22	.02
ADULT DAY HEALTH CARE CTR	385	5,581	388,412.98	69.60	6.985	1008.86	486.12
GENETIC DISEASE TESTING	2	2	210.00	105.00	.003	105.00	.26
IHMC,MODEL-NF,NF,AIDS,MSSP	86	12,132	356,995.74	29.43	15.184	4151.11	446.80
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	907	2,069	21,502.59	10.39	2.589	23.71	26.91
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	3	9	63.02	7.00	.011	21.01	.08
PROSTHETIST/ORTHOTISTS	3	4	254.88	63.72	.005	84.96	.32
PROSTHETICS	3	4	254.88	63.72	.005	84.96	.32
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	19	25	1,283.06	51.32	.031	67.53	1.61
SPEECH AND AUDIOLOGY	2	2	45.26	22.63	.003	22.63	.06
HOSPICE SERVICES	2	48	5,453.76	113.62	.060	2726.88	6.83
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1,103	15,779	134,033.28	8.49	19.748	121.52	167.75
EPSDT SUPPLEMENTAL SERVICE	15	1,648	46,552.45	28.25	2.063	3103.50	58.26
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	28	15,403	3,489.81	.23	19.278	124.64	4.37
@CALIF. CHILDREN SERVICES*	27	359	\$ 6,496.83	\$ 18.10	.449	\$ 240.62	\$ 8.13
@XOVER EXCLUDING STATE HOSP**	240	756	\$ 39,606.98	\$ 52.39	.946	\$ 165.03	\$ 49.57

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 17,933
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
YOLO COUNTY	SUMMARY OF SERVICES FOR CGF 30-33 35 40 42 3A-3M 3P 3R 3U 3W 4C-4G	

3,779 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
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@TOTAL, ALL PROVIDERS	11,749	85,029	\$	1,560,846.25	\$	18.36	22.500	\$	132.85	\$	413.03
@PHYSICIANS SERVICES	755	1,609	\$	65,597.43	\$	40.77	.426	\$	86.88	\$	17.36
OUTPATIENT VISITS	613	844		27,561.98		32.66	.223		44.96		7.29
OFFICE VISITS	489	605		18,816.15		31.10	.160		38.48		4.98
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	101	103		5,291.94		51.38	.027		52.40		1.40
PREVENTIVE CARE	6	6		324.02		54.00	.002		54.00		.09
OB VISITS/COMPRE PERI	12	75		1,569.95		20.93	.020		130.83		.42
OTHER OUTPATIENT	43	55		1,559.92		28.36	.015		36.28		.41
INPATIENT VISITS	30	114		8,127.72		71.30	.030		270.92		2.15
HOSPITAL VISITS	25	81		3,860.79		47.66	.021		154.43		1.02
CRITICAL CARE	7	33		4,266.93		129.30	.009		609.56		1.13
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	9	10		437.22		43.72	.003		48.58		.12
EXAMINATIONS	9	10		437.22		43.72	.003		48.58		.12
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	18	143		12,556.65		87.81	.038		697.59		3.32
PRINCIPAL SURGEON	14	48		10,305.12		214.69	.013		736.08		2.73
ASSISTANT SURGEON	1	1		121.61		121.61	.000		121.61		.03
ANESTHESIOLOGIST	7	94		2,129.92		22.66	.025		304.27		.56
OUTPATIENT SURGERY	48	95		5,876.16		61.85	.025		122.42		1.55
PRINCIPAL SURGEON	38	42		4,348.96		103.55	.011		114.45		1.15
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	11	53		1,527.20		28.82	.014		138.84		.40
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	63	101		1,500.01		14.85	.027		23.81		.40
RADIOLOGY	105	191		5,784.45		30.29	.051		55.09		1.53
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	2	2		70.30		35.15	.001		35.15		.02
OTHER SERVICES/ALL X-OVERS	60	109		3,682.94		33.79	.029		61.38		.97
@PHARMACY	1,349	6,836	\$	283,762.52	\$	41.51	1.809	\$	210.35	\$	75.09
PRESCRIPTION DRUGS	1,340	2,909		277,134.84		95.27	.770		206.82		73.34
SNF/ICF	4	6		2,505.15		417.53	.002		626.29		.66
OUTPATIENTS	1,340	2,903		274,629.69		94.60	.768		204.95		72.67
MEDICAL SUPPLIES	45	3,927		6,627.68		1.69	1.039		147.28		1.75
@DENTIST	4,989	26,363	\$	744,465.35	\$	28.24	6.976	\$	149.22	\$	197.00
VISITS - DIAGNOSTIC	3,714	18,851		247,006.90		13.10	4.988		66.51		65.36
ORAL SURGERY	571	1,123		56,857.00		50.63	.297		99.57		15.05
DRUGS	36	37		850.00		22.97	.010		23.61		.22
ANESTHESIA	3	3		200.00		66.67	.001		66.67		.05
PERIODONTICS	168	174		15,329.00		88.10	.046		91.24		4.06
ENDODONTICS	445	782		127,831.25		163.47	.207		287.26		33.83
RESTORATIVE DENTISTRY	1,743	4,801		258,897.85		53.93	1.270		148.54		68.51
PROSTHETICS	11	12		382.50		31.88	.003		34.77		.10
DENTURES, STAYPLATES	53	211		16,941.76		80.29	.056		319.66		4.48
SPACE MAINTAINERS	32	42		4,323.00		102.93	.011		135.09		1.14
MAXILLOFACIAL SERVICES	10	10		826.09		82.61	.003		82.61		.22
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	159	194		14,195.00		73.17	.051		89.28		3.76
ALL OTHER SERVICES	110	123		825.00		6.71	.033		7.50		.22

#CALIF DEPT OF HEALTH SERV MOP024 YOLO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR CGF 30-33 35 40 42 3A-3M 3P 3R 3U 3W 4C-4G

PAGE 17,934 03/14/05

3,779 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
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----- MONTHLY AVERAGE -----

@OPTOMETRIST	124	328	\$	6,800.84	\$	20.73	.087	\$	54.85	\$	1.80
DIAGNOSTIC AND ANC. PROCED	73	75		3,132.88		41.77	.020		42.92		.83
EYE APPLIANCES	99	252		3,655.96		14.51	.067		36.93		.97
OTHER OPTOMETRIC SERVICES	1	1		12.00		12.00	.000		12.00		.00
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	3	3	\$	114.77	\$	38.26	.001	\$	38.26	\$	.03
MEDICINE/INJECTIONS	3	3		114.77		38.26	.001		38.26		.03
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	4	7	\$	434.56	\$	62.08	.002	\$	108.64	\$	.11
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	7	18	\$	265.38	\$	14.74	.005	\$	37.91	\$	.07
@TOTAL HOSPITAL	368	1,067	\$	162,322.89	\$	152.13	.282	\$	441.09	\$	42.95
HOSP INPATIENT TOTAL	20	92		132,657.86		1441.93	.024		6632.89		35.10
HSC HOSPITALS	12	32		45,127.03		1410.22	.008		3760.59		11.94
NON-HSC HOSPITAL TOTAL	8	60		87,530.83		1458.85	.016		10941.35		23.16
ACCOMMODATIONS	8	60		39,860.30		664.34	.016		4982.54		10.55
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	8	60		39,860.30		664.34	.016		4982.54		10.55
ANCILLARIES	8	0		47,670.53		.00	.000		5958.82		12.61
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	354	975		29,665.03		30.43	.258		83.80		7.85
MEDICAL	66	84		3,105.78		36.97	.022		47.06		.82
SURGERY	25	30		1,418.25		47.28	.008		56.73		.38
PATHOLOGY	105	331		3,880.62		11.72	.088		36.96		1.03
RADIOLOGY	68	86		5,876.71		68.33	.023		86.42		1.56
ROOM USE	198	244		9,706.84		39.78	.065		49.02		2.57
CROSSOVERS/ALL OTH OUTPTNT	128	200		5,676.83		28.38	.053		44.35		1.50
@COUNTY HOSPITAL TOTAL	15	44	\$	1,488.75	\$	33.84	.012	\$	99.25	\$	.39
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	15	44		1,488.75		33.84	.012		99.25		.39
MEDICAL	15	16		429.02		26.81	.004		28.60		.11
SURGERY	2	2		105.93		52.97	.001		52.97		.03
PATHOLOGY	4	4		40.19		10.05	.001		10.05		.01
RADIOLOGY	2	2		63.57		31.79	.001		31.79		.02
ROOM USE	15	19		842.49		44.34	.005		56.17		.22
CROSSOVERS/ALL OTH OUTPTNT	1	1		7.55		7.55	.000		7.55		.00

3,779 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	354	1,023	\$ 160,834.14	\$ 157.22	.271	\$ 454.33	\$ 42.56
COMM HOSP INPATIENT TOTAL	20	92	132,657.86	1441.93	.024	6632.89	35.10
HSC HOSPITALS	12	32	45,127.03	1410.22	.008	3760.59	11.94
NON-HSC HOSPITALS TOTAL	8	60	87,530.83	1458.85	.016	10941.35	23.16
ACCOMMODATIONS	8	60	39,860.30	664.34	.016	4982.54	10.55
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	8	60	39,860.30	664.34	.016	4982.54	10.55
ANCILLARIES	8	0	47,670.53	.00	.000	5958.82	12.61
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	340	931	28,176.28	30.26	.246	82.87	7.46
MEDICAL	51	68	2,676.76	39.36	.018	52.49	.71
SURGERY	23	28	1,312.32	46.87	.007	57.06	.35
PATHOLOGY	101	327	3,840.43	11.74	.087	38.02	1.02
RADIOLOGY	66	84	5,813.14	69.20	.022	88.08	1.54
ROOM USE	184	225	8,864.35	39.40	.060	48.18	2.35
CROSSOVERS/ALL OTH OUTPTNT	127	199	5,669.28	28.49	.053	44.64	1.50
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00

ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	16	102	\$ 2,087.61	\$ 20.47	.027	\$ 130.48	\$.55
HOSPITAL BASED	6	52	1,256.69	24.17	.014	209.45	.33
INDEPENDENT FACILITY	10	50	830.92	16.62	.013	83.09	.22
@LABORATORY FACILITY	120	303	\$ 3,879.98	\$ 12.81	.080	\$ 32.33	\$ 1.03
PATHOLOGY	120	303	3,879.98	12.81	.080	32.33	1.03
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	485	791	\$ 94,122.97	\$ 118.99	.209	\$ 194.07	\$ 24.91
CLINIC	32	104	1,900.40	18.27	.028	59.39	.50
SURGICENTER	5	29	1,017.10	35.07	.008	203.42	.27
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	448	658	91,205.47	138.61	.174	203.58	24.13
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						
MOP024	FEE-FOR-SERVICE/DENTAL						
YOLO COUNTY	SUMMARY OF SERVICES FOR CGF 30-33 35 40 42 3A-3M 3P 3R 3U 3W 4C-4G						

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	3,779 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	5,093	47,602	\$	196,991.95	\$ 4.14	12.596	\$ 38.68	\$ 52.13
DURABLE MED. EQUIP.	20	51		14,281.71	280.03	.013	714.09	3.78
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	24	295		2,915.91	9.88	.078	121.50	.77
AMBULANCES/AIR TRANS	24	295		2,915.91	9.88	.078	121.50	.77
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	39	39		4,095.00	105.00	.010	105.00	1.08
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	692	1,471		12,805.46	8.71	.389	18.51	3.39
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	1		47.08	47.08	.000	47.08	.01
PROSTHETICS	1	1		47.08	47.08	.000	47.08	.01
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	9	24		1,300.83	54.20	.006	144.54	.34
SPEECH AND AUDIOLOGY	1	13		536.39	41.26	.003	536.39	.14
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	4,338	15,911		154,909.18	9.74	4.210	35.71	40.99
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	38	29,797		6,100.39	.20	7.885	160.54	1.61
@CALIF. CHILDREN SERVICES*	67	785	\$	80,306.94	\$ 102.30	.208	\$ 1198.61	\$ 21.25
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

	4,697 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
						UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS		24,426	198,202	\$ 7,312,513.15	\$ 36.89	42.198	\$ 299.37	\$ 1556.85
@PHYSICIANS SERVICES		1,173	2,642	\$ 97,891.76	\$ 37.05	.562	\$ 83.45	\$ 20.84
OUTPATIENT VISITS		740	999	33,847.95	33.88	.213	45.74	7.21
OFFICE VISITS		572	703	22,375.59	31.83	.150	39.12	4.76
HOME VISITS		0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM		129	141	7,340.86	52.06	.030	56.91	1.56
PREVENTIVE CARE		6	6	324.02	54.00	.001	54.00	.07
OB VISITS/COMPRE PERI		14	77	1,749.43	22.72	.016	124.96	.37
OTHER OUTPATIENT		58	72	2,058.05	28.58	.015	35.48	.44
INPATIENT VISITS		79	246	12,931.54	52.57	.052	163.69	2.75
HOSPITAL VISITS		48	145	6,348.04	43.78	.031	132.25	1.35
CRITICAL CARE		11	40	4,870.93	121.77	.009	442.81	1.04
SNF/ICF/TRANS IP CARE		26	61	1,712.57	28.07	.013	65.87	.36
OPHTHALMOLOGICAL SERVICES		15	17	686.70	40.39	.004	45.78	.15
EXAMINATIONS		15	17	686.70	40.39	.004	45.78	.15
SERVICES AND MATERIALS		0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY		27	174	15,853.19	91.11	.037	587.16	3.38
PRINCIPAL SURGEON		20	54	12,823.36	237.47	.011	641.17	2.73
ASSISTANT SURGEON		2	2	222.88	111.44	.000	111.44	.05
ANESTHESIOLOGIST		10	118	2,806.95	23.79	.025	280.70	.60
OUTPATIENT SURGERY		62	121	9,003.15	74.41	.026	145.21	1.92
PRINCIPAL SURGEON		51	57	7,151.52	125.47	.012	140.23	1.52
ASSISTANT SURGEON		0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST		13	64	1,851.63	28.93	.014	142.43	.39
DIALYSIS		1	1	225.04	225.04	.000	225.04	.05
PATHOLOGY		76	124	1,870.77	15.09	.026	24.62	.40
RADIOLOGY		159	283	9,652.33	34.11	.060	60.71	2.05
PSYCHIATRY		0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION		10	43	441.27	10.26	.009	44.13	.09
OTHER SERVICES/ALL X-OVERS		280	634	13,379.82	21.10	.135	47.79	2.85
@PHARMACY		7,584	32,721	\$ 3,180,219.47	\$ 97.19	6.966	\$ 419.33	\$ 677.07
PRESCRIPTION DRUGS		7,547	17,930	3,159,304.35	176.20	3.817	418.62	672.62
SNF/ICF		505	1,853	321,869.10	173.70	.395	637.36	68.53
OUTPATIENTS		7,103	16,077	2,837,435.25	176.49	3.423	399.47	604.10
MEDICAL SUPPLIES		121	14,791	20,915.12	1.41	3.149	172.85	4.45
@DENTIST		8,506	42,834	\$ 1,343,167.26	\$ 31.36	9.119	\$ 157.91	\$ 285.96
VISITS - DIAGNOSTIC		6,033	29,780	364,041.82	12.22	6.340	60.34	77.51
ORAL SURGERY		1,131	2,464	123,133.75	49.97	.525	108.87	26.22
DRUGS		37	38	875.00	23.03	.008	23.65	.19
ANESTHESIA		4	5	300.00	60.00	.001	75.00	.06
PERIODONTICS		496	537	49,942.60	93.00	.114	100.69	10.63
ENDODONTICS		684	1,169	212,247.25	181.56	.249	310.30	45.19
RESTORATIVE DENTISTRY		2,573	6,789	403,537.45	59.44	1.445	156.84	85.91
PROSTHETICS		81	93	2,572.50	27.66	.020	31.76	.55
DENTURES, STAYPLATES		504	1,512	165,477.80	109.44	.322	328.33	35.23
SPACE MAINTAINERS		36	52	4,803.00	92.37	.011	133.42	1.02
MAXILLOFACIAL SERVICES		10	10	826.09	82.61	.002	82.61	.18
FRACTURES, DISLOCATIONS		0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES		165	200	14,510.00	72.55	.043	87.94	3.09
ALL OTHER SERVICES		173	185	900.00	4.86	.039	5.20	.19

4,697 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	231	627	\$ 12,457.57	\$ 19.87	.133	\$ 53.93	\$ 2.65
DIAGNOSTIC AND ANC. PROCED	106	111	4,560.79	41.09	.024	43.03	.97
EYE APPLIANCES	192	503	7,707.79	15.32	.107	40.14	1.64
OTHER OPTOMETRIC SERVICES	6	13	188.99	14.54	.003	31.50	.04
@CHIROPRACTOR	1	2	\$ 33.44	\$ 16.72	.000	\$ 33.44	\$.01
VISITS	1	2	33.44	16.72	.000	33.44	.01
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	11	18	\$ 464.31	\$ 25.80	.004	\$ 42.21	\$.10
MEDICINE/INJECTIONS	7	8	302.67	37.83	.002	43.24	.06
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	1	2	34.60	17.30	.000	34.60	.01
OTHER	4	8	127.04	15.88	.002	31.76	.03
@HOME HEALTH AGENCY	11	543	\$ 16,982.28	\$ 31.27	.116	\$ 1543.84	\$ 3.62
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	10	23	\$ 337.23	\$ 14.66	.005	\$ 33.72	\$.07
@TOTAL HOSPITAL	518	1,791	\$ 314,275.87	\$ 175.48	.381	\$ 606.71	\$ 66.91
HOSP INPATIENT TOTAL	65	168	272,447.04	1621.71	.036	4191.49	58.00
HSC HOSPITALS	24	78	109,651.34	1405.79	.017	4568.81	23.34
NON-HSC HOSPITAL TOTAL	12	90	141,653.33	1573.93	.019	11804.44	30.16
ACCOMMODATIONS	12	90	51,758.92	575.10	.019	4313.24	11.02
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	12	90	51,758.92	575.10	.019	4313.24	11.02
ANCILLARIES	12	0	89,894.41	.00	.000	7491.20	19.14
INPATIENT CROSSOVERS	29	0	21,142.37	.00	.000	729.05	4.50
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	462	1,623	41,828.83	25.77	.346	90.54	8.91
MEDICAL	87	113	4,414.37	39.07	.024	50.74	.94
SURGERY	26	31	1,439.80	46.45	.007	55.38	.31
PATHOLOGY	146	639	6,087.76	9.53	.136	41.70	1.30
RADIOLOGY	89	138	8,620.36	62.47	.029	96.86	1.84
ROOM USE	250	309	12,031.98	38.94	.066	48.13	2.56
CROSSOVERS/ALL OTH OUTPTNT	176	393	9,234.56	23.50	.084	52.47	1.97
@COUNTY HOSPITAL TOTAL	18	50	\$ 1,690.44	\$ 33.81	.011	\$ 93.91	\$.36
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	18	50	1,690.44	33.81	.011	93.91	.36
MEDICAL	16	17	498.20	29.31	.004	31.14	.11
SURGERY	2	2	105.93	52.97	.000	52.97	.02
PATHOLOGY	5	7	80.95	11.56	.001	16.19	.02

RADIOLOGY	2	2	63.57	31.79	.000	31.79	.01
ROOM USE	17	21	934.24	44.49	.004	54.96	.20
CROSSOVERS/ALL OTH OUTPTNT	1	1	7.55	7.55	.000	7.55	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 17,939

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

YOLO COUNTY SUMMARY OF SERVICES FOR CASH GRANT - TOTAL

4,697 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	502	1,741	\$ 312,585.43	\$ 179.54	.371	\$ 622.68	\$ 66.55
COMM HOSP INPATIENT TOTAL	65	168	272,447.04	1621.71	.036	4191.49	58.00
HSC HOSPITALS	24	78	109,651.34	1405.79	.017	4568.81	23.34
NON-HSC HOSPITALS TOTAL	12	90	141,653.33	1573.93	.019	11804.44	30.16
ACCOMMODATIONS	12	90	51,758.92	575.10	.019	4313.24	11.02
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	12	90	51,758.92	575.10	.019	4313.24	11.02
ANCILLARIES	12	0	89,894.41	.00	.000	7491.20	19.14
INPATIENT CROSSOVERS	29	0	21,142.37	.00	.000	729.05	4.50
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	446	1,573	40,138.39	25.52	.335	90.00	8.55
MEDICAL	71	96	3,916.17	40.79	.020	55.16	.83
SURGERY	24	29	1,333.87	46.00	.006	55.58	.28
PATHOLOGY	141	632	6,006.81	9.50	.135	42.60	1.28
RADIOLOGY	87	136	8,556.79	62.92	.029	98.35	1.82
ROOM USE	235	288	11,097.74	38.53	.061	47.22	2.36
CROSSOVERS/ALL OTH OUTPTNT	175	392	9,227.01	23.54	.083	52.73	1.96
@STATE HOSPITAL	14	428	\$ 288,618.25	\$ 674.34	.091	\$ 20615.59	\$ 61.45
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	14	428	288,618.25	674.34	.091	20615.59	61.45
@NURSING FACILITY	66	1,430	\$ 195,084.30	\$ 136.42	.304	\$ 2955.82	\$ 41.53
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	34	1,135	142,238.20	125.32	.242	4183.48	30.28
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	2	28	16,209.99	578.93	.006	8105.00	3.45
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	30	267	36,636.11	137.21	.057	1221.20	7.80
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	7	44	\$ 3,806.37	\$ 86.51	.009	\$ 543.77	\$.81
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	7	44	3,806.37	86.51	.009	543.77	.81
@REHABILITATION FACILITY	22	151	\$ 2,973.27	\$ 19.69	.032	\$ 135.15	\$.63
HOSPITAL BASED	7	54	1,395.02	25.83	.011	199.29	.30
INDEPENDENT FACILITY	15	97	1,578.25	16.27	.021	105.22	.34
@LABORATORY FACILITY	195	565	\$ 6,532.97	\$ 11.56	.120	\$ 33.50	\$ 1.39
PATHOLOGY	195	565	6,532.97	11.56	.120	33.50	1.39
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	675	1,343	\$ 142,597.30	\$ 106.18	.286	\$ 211.26	\$ 30.36
CLINIC	69	424	8,246.25	19.45	.090	119.51	1.76
SURGICENTER	5	29	1,017.10	35.07	.006	203.42	.22
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	601	890	133,333.95	149.81	.189	221.85	28.39

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 17,940

MOP024
YOLO COUNTY

FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR CASH GRANT - TOTAL

03/14/05

4,697 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	8,592	113,040	\$ 1,707,071.50	\$ 15.10	24.066	\$ 198.68	\$ 363.44
DURABLE MED. EQUIP.	29	90	16,927.37	188.08	.019	583.70	3.60
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	54	1,631	8,814.82	5.40	.347	163.24	1.88
AMBULANCES/AIR TRANS	45	644	6,475.27	10.05	.137	143.89	1.38
OTHER TRANS	7	1,290	2,372.66	1.84	.275	338.95	.51
OTHER SERVICES	2	303CR	33.11CR	.11	.065CR	16.56CR	.01CR
ACUPUNCTURE	1	1	16.22	16.22	.000	16.22	.00
ADULT DAY HEALTH CARE CTR	988	12,800	890,853.68	69.60	2.725	901.67	189.66
GENETIC DISEASE TESTING	42	42	4,410.00	105.00	.009	105.00	.94
IHMC,MODEL-NF,NF,AIDS,MSSP	125	12,333	371,265.22	30.10	2.626	2970.12	79.04
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1,895	4,217	41,570.36	9.86	.898	21.94	8.85
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	4	12	64.14	5.35	.003	16.04	.01
PROSTHETIST/ORTHOTISTS	5	7	380.82	54.40	.001	76.16	.08
PROSTHETICS	5	7	380.82	54.40	.001	76.16	.08
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	28	49	2,583.89	52.73	.010	92.28	.55
SPEECH AND AUDIOLOGY	3	15	581.65	38.78	.003	193.88	.12
HOSPICE SERVICES	2	48	5,453.76	113.62	.010	2726.88	1.16
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	5,448	32,044	290,278.21	9.06	6.822	53.28	61.80
EPSDT SUPPLEMENTAL SERVICE	19	2,234	63,786.71	28.55	.476	3357.20	13.58
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	73	47,517		10,084.65		.21	10.116	138.15	2.15
@CALIF. CHILDREN SERVICES*	94	1,144	\$	86,803.77	\$	75.88	.244	\$ 923.44	\$ 18.48
@XOVER EXCLUDING STATE HOSP**	274	849	\$	41,286.31	\$	48.63	.181	\$ 150.68	\$ 8.79

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
MOP024 FEE-FOR-SERVICE/DENTAL
YOLO COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - INFANTS

PAGE 17,941
03/14/05

51 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----			
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	36	109	\$ 3,880.42	\$ 35.60	2.137	\$ 107.79	\$ 76.09	
@PHYSICIANS SERVICES	2	2	\$ 66.18	\$ 33.09	.039	\$ 33.09	\$ 1.30	
OUTPATIENT VISITS	1	1	26.18	26.18	.020	26.18	.51	
OFFICE VISITS	1	1	26.18	26.18	.020	26.18	.51	
HOME VISITS	0	0	.00	.00	.000	.00	.00	
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00	
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00	
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00	
CRITICAL CARE	0	0	.00	.00	.000	.00	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00	
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00	
DIALYSIS	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	.00	
PSYCHIATRY	0	0	.00	.00	.000	.00	.00	
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES/ALL X-OVERS	1	1	40.00	40.00	.020	40.00	.78	
@PHARMACY	5	8	\$ 1,069.63	\$ 133.70	.157	\$ 213.93	\$ 20.97	
PRESCRIPTION DRUGS	3	3	25.60	8.53	.059	8.53	.50	
SNF/ICF	0	0	.00	.00	.000	.00	.00	
OUTPATIENTS	3	3	25.60	8.53	.059	8.53	.50	
MEDICAL SUPPLIES	2	5	1,044.03	208.81	.098	522.02	20.47	
@DENTIST	2	2	\$ 50.00	\$ 25.00	.039	\$ 25.00	\$.98	
VISITS - DIAGNOSTIC	2	2	50.00	25.00	.039	25.00	.98	
ORAL SURGERY	0	0	.00	.00	.000	.00	.00	
DRUGS	0	0	.00	.00	.000	.00	.00	
ANESTHESIA	0	0	.00	.00	.000	.00	.00	
PERIODONTICS	0	0	.00	.00	.000	.00	.00	
ENDODONTICS	0	0	.00	.00	.000	.00	.00	
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	.00	

DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 17,942
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
YOLO COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - INFANTS AID CODES 47 69

51 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	2	2	\$ 75.93	\$ 37.97	.039	\$ 37.97	\$ 1.49
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	2	2	75.93	37.97	.039	37.97	1.49
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	2	2	75.93	37.97	.039	37.97	1.49
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 17,943
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
YOLO COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - INFANTS AID CODES 47 69

51 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	MONTHLY AVERAGE			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	2	2	\$ 75.93	\$ 37.97	.039	\$ 37.97	\$ 1.49
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	2	2	75.93	37.97	.039	37.97	1.49
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	2	2	75.93	37.97	.039	37.97	1.49
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00

@ORGANIZED OUTPATIENT CLINIC	15	22	\$	1,304.84	\$	59.31	.431	\$	86.99	\$	25.59
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	15	22		1,304.84		59.31	.431		86.99		25.59

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 17,944
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
YOLO COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - INFANTS AID CODES 47 69

	51 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	10	73	\$	1,313.84	\$ 18.00	1.431	\$ 131.38	\$ 25.76
DURABLE MED. EQUIP.	1	6		658.92	109.82	.118	658.92	12.92
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0		.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00	.00
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	0	0		.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	9	67		654.92	9.77	1.314	72.77	12.84
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	4	12	\$	1,742.95	\$ 145.25	.235	\$ 435.74	\$ 34.18
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 17,945
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
YOLO COUNTY	SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT	AID CODES 44 48 49

	3,845 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	3,214	21,725	\$	1,874,450.25	\$ 86.28	5.650	\$ 583.21	\$ 487.50
@PHYSICIANS SERVICES	1,463	4,983	\$	274,383.12	\$ 55.06	1.296	\$ 187.55	\$ 71.36
OUTPATIENT VISITS	722	2,155		64,776.58	30.06	.560	89.72	16.85
OFFICE VISITS	153	187		9,523.50	50.93	.049	62.25	2.48
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	67	73		4,580.78	62.75	.019	68.37	1.19

PREVENTIVE CARE	2	2	86.08	43.04	.001	43.04	.02
OB VISITS/COMPRE PERI	538	1,891	50,501.35	26.71	.492	93.87	13.13
OTHER OUTPATIENT	2	2	84.87	42.44	.001	42.44	.02
INPATIENT VISITS	123	331	20,794.40	62.82	.086	169.06	5.41
HOSPITAL VISITS	114	236	10,292.41	43.61	.061	90.28	2.68
CRITICAL CARE	14	95	10,501.99	110.55	.025	750.14	2.73
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	258	857	123,815.58	144.48	.223	479.91	32.20
PRINCIPAL SURGEON	138	143	95,743.62	669.54	.037	693.79	24.90
ASSISTANT SURGEON	35	35	6,341.01	181.17	.009	181.17	1.65
ANESTHESIOLOGIST	117	679	21,730.95	32.00	.177	185.73	5.65
OUTPATIENT SURGERY	155	259	14,734.37	56.89	.067	95.06	3.83
PRINCIPAL SURGEON	141	203	12,592.07	62.03	.053	89.31	3.27
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	24	56	2,142.30	38.26	.015	89.26	.56
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	295	600	9,619.79	16.03	.156	32.61	2.50
RADIOLOGY	442	535	34,940.83	65.31	.139	79.05	9.09
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	42	97	1,724.83	17.78	.025	41.07	.45
OTHER SERVICES/ALL X-OVERS	94	149	3,976.74	26.69	.039	42.31	1.03
@PHARMACY	634	1,177	\$ 30,833.10	\$ 26.20	.306	\$ 48.63	\$ 8.02
PRESCRIPTION DRUGS	612	1,055	21,792.88	20.66	.274	35.61	5.67
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	612	1,055	21,792.88	20.66	.274	35.61	5.67
MEDICAL SUPPLIES	58	122	9,040.22	74.10	.032	155.87	2.35
@DENTIST	27	95	\$ 1,231.00	\$ 12.96	.025	\$ 45.59	\$.32
VISITS - DIAGNOSTIC	21	72	582.00	8.08	.019	27.71	.15
ORAL SURGERY	1	1	.00	.00	.000	.00	.00

DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	7	10	578.00	57.80	.003	82.57	.15
ENDODONTICS	3	3	71.00	23.67	.001	23.67	.02
RESTORATIVE DENTISTRY	1	6	.00	.00	.002	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	3	3	.00	.00	.001	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 17,946
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
YOLO COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT AID CODES 44 48 49

	3,845 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.00	.000	.00	.00
EYE APPLIANCES	0	0		.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	23	28	\$	1,872.43	\$ 66.87	.007	\$ 81.41	\$.49
NURSE ANESTHESIST	3	12	\$	314.70	\$ 26.23	.003	\$ 104.90	\$.08
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	889	4,216	\$	1,275,159.36	\$ 302.46	1.096	\$ 1434.37	\$ 331.64
HOSP INPATIENT TOTAL	287	1,084		1,208,550.77	1114.90	.282	4210.98	314.32
HSC HOSPITALS	50	227		336,267.50	1481.35	.059	6725.35	87.46
NON-HSC HOSPITAL TOTAL	238	857		872,283.27	1017.83	.223	3665.06	226.86
ACCOMMODATIONS	237	857		282,681.00	329.85	.223	1192.75	73.52
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	237	857		282,681.00	329.85	.223	1192.75	73.52
ANCILLARIES	238	0		589,602.27	.00	.000	2477.32	153.34
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	762	3,132		66,608.59	21.27	.815	87.41	17.32
MEDICAL	14	19		979.69	51.56	.005	69.98	.25
SURGERY	148	253		7,239.58	28.61	.066	48.92	1.88
PATHOLOGY	439	1,783		22,929.20	12.86	.464	52.23	5.96
RADIOLOGY	131	154		8,590.21	55.78	.040	65.57	2.23
ROOM USE	308	427		18,343.77	42.96	.111	59.56	4.77
CROSSOVERS/ALL OTH OUTPTNT	263	496		8,526.14	17.19	.129	32.42	2.22
@COUNTY HOSPITAL TOTAL	3	32	\$	888.06	\$ 27.75	.008	\$ 296.02	\$.23
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	3	32	888.06	27.75	.008	296.02	.23
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	1	2	61.20	30.60	.001	61.20	.02
PATHOLOGY	2	18	261.56	14.53	.005	130.78	.07
RADIOLOGY	1	2	190.07	95.04	.001	190.07	.05
ROOM USE	2	6	338.25	56.38	.002	169.13	.09
CROSSOVERS/ALL OTH OUTPTNT	2	4	36.98	9.25	.001	18.49	.01

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 17,947
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
YOLO COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT AID CODES 44 48 49

						----- MONTHLY AVERAGE -----		
3,845 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	886	4,184	\$ 1,274,271.30	\$ 304.56	1.088	\$ 1438.23	\$ 331.41	
COMM HOSP INPATIENT TOTAL	287	1,084	1,208,550.77	1114.90	.282	4210.98	314.32	
HSC HOSPITALS	50	227	336,267.50	1481.35	.059	6725.35	87.46	
NON-HSC HOSPITALS TOTAL	238	857	872,283.27	1017.83	.223	3665.06	226.86	
ACCOMMODATIONS	237	857	282,681.00	329.85	.223	1192.75	73.52	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	237	857	282,681.00	329.85	.223	1192.75	73.52	
ANCILLARIES	238	0	589,602.27	.00	.000	2477.32	153.34	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	759	3,100	65,720.53	21.20	.806	86.59	17.09	
MEDICAL	14	19	979.69	51.56	.005	69.98	.25	
SURGERY	147	251	7,178.38	28.60	.065	48.83	1.87	
PATHOLOGY	437	1,765	22,667.64	12.84	.459	51.87	5.90	
RADIOLOGY	130	152	8,400.14	55.26	.040	64.62	2.18	
ROOM USE	306	421	18,005.52	42.77	.109	58.84	4.68	
CROSSOVERS/ALL OTH OUTPTNT	261	492	8,489.16	17.25	.128	32.53	2.21	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00	
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00	
ICF DDH	0	0	.00	.00	.000	.00	.00	
ICF DD	0	0	.00	.00	.000	.00	.00	
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00	
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00	
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00	

@REHABILITATION FACILITY	1	2	\$	58.82	\$	29.41	.001	\$	58.82	\$	.02
HOSPITAL BASED	1	2		58.82		29.41	.001		58.82		.02
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	563	1,254	\$	18,174.58	\$	14.49	.326	\$	32.28	\$	4.73
PATHOLOGY	563	1,254		18,174.58		14.49	.326		32.28		4.73
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	1,184	9,518	\$	255,811.58	\$	26.88	2.475	\$	216.06	\$	66.53
CLINIC	1,159	9,467		250,675.38		26.48	2.462		216.29		65.20
SURGICENTER	1	8		213.01		26.63	.002		213.01		.06
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	24	43		4,923.19		114.49	.011		205.13		1.28

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 17,948
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
YOLO COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT AID CODES 44 48 49

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
3,845 ELIGIBLES							
@ALL OTHER PROVIDERS	151	440	\$ 16,611.56	\$ 37.75	.114	\$ 110.01	\$ 4.32
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	19	305	2,707.34	8.88	.079	142.49	.70
AMBULANCES/AIR TRANS	19	304	2,701.82	8.89	.079	142.20	.70
OTHER TRANS	1	1	5.52	5.52	.000	5.52	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	130	130	13,650.00	105.00	.034	105.00	3.55
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	2	5	254.22	50.84	.001	127.11	.07
PROSTHETICS	2	5	254.22	50.84	.001	127.11	.07
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	3	20	\$ 16,147.84	\$ 807.39	.005	\$ 5382.61	\$ 4.20
@XOVER EXCLUDING STATE HOSP**	0	0	.00	.00	.000	.00	.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 17,949
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
YOLO COUNTY SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM AID CODE 76

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
00 ELIGIBLES							

@TOTAL, ALL PROVIDERS	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@PHYSICIANS SERVICES	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
OUTPATIENT VISITS	0	0		.00		.00	.000		.00		.00
OFFICE VISITS	0	0		.00		.00	.000		.00		.00
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	0	0		.00		.00	.000		.00		.00
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	0	0		.00		.00	.000		.00		.00
INPATIENT VISITS	0	0		.00		.00	.000		.00		.00
HOSPITAL VISITS	0	0		.00		.00	.000		.00		.00
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000		.00		.00
@PHARMACY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PRESCRIPTION DRUGS	0	0		.00		.00	.000		.00		.00
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	0	0		.00		.00	.000		.00		.00
MEDICAL SUPPLIES	0	0		.00		.00	.000		.00		.00
@DENTIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000		.00		.00
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV
MOP024
YOLO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM

AID CODE 76

PAGE 17,950
03/14/05

----- MONTHLY AVERAGE -----							
00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE

@OPTOMETRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00

RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 17,951
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
YOLO COUNTY SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM AID CODE 76

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00

ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 17,952
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
YOLO COUNTY SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM AID CODE 76

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

3,896 ELIGIBLES		----- MONTHLY AVERAGE -----						
	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	3,250	21,834	\$ 1,878,330.67	\$ 86.03	5.604	\$ 577.95	\$ 482.12	
@PHYSICIANS SERVICES	1,465	4,985	\$ 274,449.30	\$ 55.06	1.280	\$ 187.34	\$ 70.44	
OUTPATIENT VISITS	723	2,156	64,802.76	30.06	.553	89.63	16.63	
OFFICE VISITS	154	188	9,549.68	50.80	.048	62.01	2.45	
HOME VISITS	0	0	.00	.00	.000	.00	.00	
EMERGENCY ROOM	67	73	4,580.78	62.75	.019	68.37	1.18	
PREVENTIVE CARE	2	2	86.08	43.04	.001	43.04	.02	
OB VISITS/COMPRE PERI	538	1,891	50,501.35	26.71	.485	93.87	12.96	
OTHER OUTPATIENT	2	2	84.87	42.44	.001	42.44	.02	
INPATIENT VISITS	123	331	20,794.40	62.82	.085	169.06	5.34	
HOSPITAL VISITS	114	236	10,292.41	43.61	.061	90.28	2.64	
CRITICAL CARE	14	95	10,501.99	110.55	.024	750.14	2.70	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	258	857	123,815.58	144.48	.220	479.91	31.78	
PRINCIPAL SURGEON	138	143	95,743.62	669.54	.037	693.79	24.57	
ASSISTANT SURGEON	35	35	6,341.01	181.17	.009	181.17	1.63	
ANESTHESIOLOGIST	117	679	21,730.95	32.00	.174	185.73	5.58	
OUTPATIENT SURGERY	155	259	14,734.37	56.89	.066	95.06	3.78	
PRINCIPAL SURGEON	141	203	12,592.07	62.03	.052	89.31	3.23	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	24	56	2,142.30	38.26	.014	89.26	.55	
DIALYSIS	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	295	600	9,619.79	16.03	.154	32.61	2.47	
RADIOLOGY	442	535	34,940.83	65.31	.137	79.05	8.97	
PSYCHIATRY	0	0	.00	.00	.000	.00	.00	
IMMUNIZATION AND INJECTION	42	97	1,724.83	17.78	.025	41.07	.44	
OTHER SERVICES/ALL X-OVERS	95	150	4,016.74	26.78	.039	42.28	1.03	
@PHARMACY	639	1,185	\$ 31,902.73	\$ 26.92	.304	\$ 49.93	\$ 8.19	
PRESCRIPTION DRUGS	615	1,058	21,818.48	20.62	.272	35.48	5.60	
SNF/ICF	0	0	.00	.00	.000	.00	.00	
OUTPATIENTS	615	1,058	21,818.48	20.62	.272	35.48	5.60	
MEDICAL SUPPLIES	60	127	10,084.25	79.40	.033	168.07	2.59	
@DENTIST	29	97	\$ 1,281.00	\$ 13.21	.025	\$ 44.17	\$.33	
VISITS - DIAGNOSTIC	23	74	632.00	8.54	.019	27.48	.16	
ORAL SURGERY	1	1	.00	.00	.000	.00	.00	
DRUGS	0	0	.00	.00	.000	.00	.00	
ANESTHESIA	0	0	.00	.00	.000	.00	.00	
PERIODONTICS	7	10	578.00	57.80	.003	82.57	.15	
ENDODONTICS	3	3	71.00	23.67	.001	23.67	.02	
RESTORATIVE DENTISTRY	1	6	.00	.00	.002	.00	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	.00	
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00	
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00	
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00	
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00	
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00	
ALL OTHER SERVICES	3	3	.00	.00	.001	.00	.00	

3,896 ELIGIBLES						----- MONTHLY AVERAGE -----			
	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00	
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.00	.000	.00	.00	
EYE APPLIANCES	0	0		.00	.00	.000	.00	.00	
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00	
@CHIROPRACTOR	0	0	\$	.00	\$.00	.000	\$.00	\$.00	
VISITS	0	0		.00	.00	.000	.00	.00	
OTHER SERVICES	0	0		.00	.00	.000	.00	.00	
@PODIATRIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00	
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00	
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00	
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00	
OTHER	0	0		.00	.00	.000	.00	.00	
@HOME HEALTH AGENCY	23	28	\$	1,872.43	\$ 66.87	.007	\$ 81.41	\$.48	
NURSE ANESTHESIST	3	12	\$	314.70	\$ 26.23	.003	\$ 104.90	\$.08	
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$.00	
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00	
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00	
@TOTAL HOSPITAL	891	4,218	\$	1,275,235.29	\$ 302.33	1.083	\$ 1431.24	\$ 327.32	
HOSP INPATIENT TOTAL	287	1,084		1,208,550.77	1114.90	.278	4210.98	310.20	
HSC HOSPITALS	50	227		336,267.50	1481.35	.058	6725.35	86.31	
NON-HSC HOSPITAL TOTAL	238	857		872,283.27	1017.83	.220	3665.06	223.89	
ACCOMMODATIONS	237	857		282,681.00	329.85	.220	1192.75	72.56	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00	
ALL OTHER ACCOM	237	857		282,681.00	329.85	.220	1192.75	72.56	
ANCILLARIES	238	0		589,602.27	.00	.000	2477.32	151.34	
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00	
HOSP OUTPATIENT TOTAL	764	3,134		66,684.52	21.28	.804	87.28	17.12	
MEDICAL	14	19		979.69	51.56	.005	69.98	.25	
SURGERY	148	253		7,239.58	28.61	.065	48.92	1.86	
PATHOLOGY	439	1,783		22,929.20	12.86	.458	52.23	5.89	
RADIOLOGY	131	154		8,590.21	55.78	.040	65.57	2.20	
ROOM USE	308	427		18,343.77	42.96	.110	59.56	4.71	
CROSSOVERS/ALL OTH OUTPTNT	265	498		8,602.07	17.27	.128	32.46	2.21	
@COUNTY HOSPITAL TOTAL	3	32	\$	888.06	\$ 27.75	.008	\$ 296.02	\$.23	
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00	
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00	
ANCILLARIES	0	0		.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00	
CO HOSP OUTPATIENT TOTAL	3	32		888.06	27.75	.008	296.02	.23	
MEDICAL	0	0		.00	.00	.000	.00	.00	
SURGERY	1	2		61.20	30.60	.001	61.20	.02	
PATHOLOGY	2	18		261.56	14.53	.005	130.78	.07	

RADIOLOGY	1	2	190.07	95.04	.001	190.07	.05
ROOM USE	2	6	338.25	56.38	.002	169.13	.09
CROSSOVERS/ALL OTH OUTPTNT	2	4	36.98	9.25	.001	18.49	.01

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 17,955
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
YOLO COUNTY SUMMARY OF SERVICES FOR 185% AND 60-DAY PP TOTAL, CODES 44 47 48 49 69 76

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
3,896 ELIGIBLES							
@COMMUNITY HOSPITAL TOTAL	888	4,186	\$ 1,274,347.23	\$ 304.43	1.074	\$ 1435.08	\$ 327.09
COMM HOSP INPATIENT TOTAL	287	1,084	1,208,550.77	1114.90	.278	4210.98	310.20
HSC HOSPITALS	50	227	336,267.50	1481.35	.058	6725.35	86.31
NON-HSC HOSPITALS TOTAL	238	857	872,283.27	1017.83	.220	3665.06	223.89
ACCOMMODATIONS	237	857	282,681.00	329.85	.220	1192.75	72.56
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	237	857	282,681.00	329.85	.220	1192.75	72.56
ANCILLARIES	238	0	589,602.27	.00	.000	2477.32	151.34
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	761	3,102	65,796.46	21.21	.796	86.46	16.89
MEDICAL	14	19	979.69	51.56	.005	69.98	.25
SURGERY	147	251	7,178.38	28.60	.064	48.83	1.84
PATHOLOGY	437	1,765	22,667.64	12.84	.453	51.87	5.82
RADIOLOGY	130	152	8,400.14	55.26	.039	64.62	2.16
ROOM USE	306	421	18,005.52	42.77	.108	58.84	4.62
CROSSOVERS/ALL OTH OUTPTNT	263	494	8,565.09	17.34	.127	32.57	2.20
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00

LEV B-REHAB MD	0	0		.00		.00	.00	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.00	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.00	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.00	.00	.00
LEV B-REGULAR	0	0		.00		.00	.00	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$	.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	1	2	\$	58.82	\$	29.41	.001	\$	58.82
HOSPITAL BASED	1	2		58.82		29.41	.001		58.82
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	563	1,254	\$	18,174.58	\$	14.49	.322	\$	32.28
PATHOLOGY	563	1,254		18,174.58		14.49	.322		32.28
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	1,199	9,540	\$	257,116.42	\$	26.95	2.449	\$	214.44
CLINIC	1,159	9,467		250,675.38		26.48	2.430		216.29
SURGICENTER	1	8		213.01		26.63	.002		213.01
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	39	65		6,228.03		95.82	.017		159.69
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004								PAGE 17,956
MOP024	FEE-FOR-SERVICE/DENTAL								03/14/05
YOLO COUNTY	SUMMARY OF SERVICES FOR 185% AND 60-DAY PP TOTAL, CODES 44 47 48 49 69 76								

						----- MONTHLY AVERAGE -----		
3,896 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	161	513	\$ 17,925.40	\$ 34.94	.132	\$ 111.34	\$ 4.60	
DURABLE MED. EQUIP.	1	6	658.92	109.82	.002	658.92	.17	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00	
MEDICAL TRANSPORTATION	19	305	2,707.34	8.88	.078	142.49	.69	
AMBULANCES/AIR TRANS	19	304	2,701.82	8.89	.078	142.20	.69	
OTHER TRANS	1	1	5.52	5.52	.000	5.52	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00	
GENETIC DISEASE TESTING	130	130	13,650.00	105.00	.033	105.00	3.50	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	0	0	.00	.00	.000	.00	.00	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00	
PROSTHETIST/ORTHOTISTS	2	5	254.22	50.84	.001	127.11	.07	
PROSTHETICS	2	5	254.22	50.84	.001	127.11	.07	
ORTHOTICS	0	0	.00	.00	.000	.00	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00	
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00	
LOCAL EDUCATION AGENCIES	9	67	654.92	9.77	.017	72.77	.17	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00	

ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	7	32	\$	17,890.79	\$ 559.09	.008	\$ 2555.83	\$ 4.59
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
MOP024 FEE-FOR-SERVICE/DENTAL
YOLO COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED

PAGE 17,957
03/14/05

				AID CODE 16				----- MONTHLY AVERAGE -----	
05 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE		
@TOTAL, ALL PROVIDERS	58	314	\$ 134,407.79	\$ 428.05	62.800	\$ 2317.38	\$ 26881.56		
@PHYSICIANS SERVICES	2	3	\$ 79.84	\$ 26.61	.600	\$ 39.92	\$ 15.97		
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00		
OFFICE VISITS	0	0	.00	.00	.000	.00	.00		
HOME VISITS	0	0	.00	.00	.000	.00	.00		
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00		
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00		
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00		
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00		
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00		
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00		
CRITICAL CARE	0	0	.00	.00	.000	.00	.00		
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00		
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00		
EXAMINATIONS	0	0	.00	.00	.000	.00	.00		
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00		
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00		
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00		
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00		
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00		
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00		
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00		
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00		
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00		
DIALYSIS	0	0	.00	.00	.000	.00	.00		
PATHOLOGY	0	0	.00	.00	.000	.00	.00		
RADIOLOGY	0	0	.00	.00	.000	.00	.00		
PSYCHIATRY	0	0	.00	.00	.000	.00	.00		
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00		
OTHER SERVICES/ALL X-OVERS	2	3	79.84	26.61	.600	39.92	15.97		
@PHARMACY	1	2	\$ 147.50	\$ 73.75	.400	\$ 147.50	\$ 29.50		
PRESCRIPTION DRUGS	1	2	147.50	73.75	.400	147.50	29.50		
SNF/ICF	0	0	.00	.00	.000	.00	.00		
OUTPATIENTS	1	2	147.50	73.75	.400	147.50	29.50		
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00		
@DENTIST	20	72	\$ 3,278.05	\$ 45.53	14.400	\$ 163.90	\$ 655.61		
VISITS - DIAGNOSTIC	14	45	662.00	14.71	9.000	47.29	132.40		
ORAL SURGERY	2	5	234.05	46.81	1.000	117.03	46.81		
DRUGS	0	0	.00	.00	.000	.00	.00		
ANESTHESIA	0	0	.00	.00	.000	.00	.00		
PERIODONTICS	3	3	236.00	78.67	.600	78.67	47.20		
ENDODONTICS	0	0	.00	.00	.000	.00	.00		
RESTORATIVE DENTISTRY	4	13	1,041.00	80.08	2.600	260.25	208.20		
PROSTHETICS	0	0	.00	.00	.000	.00	.00		

DENTURES, STAYPLATES	4	6	1,105.00	184.17	1.200	276.25	221.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 17,958
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
YOLO COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED AID CODE 16

05 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	3	5	\$ 1,113.22	\$ 222.64	1.000	\$ 371.07	\$ 222.64
DIAGNOSTIC AND ANC. PROCED	1	1	75.11	75.11	.200	75.11	15.02
EYE APPLIANCES	2	4	1,038.11	259.53	.800	519.06	207.62
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 17,959
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
YOLO COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED AID CODE 16

05 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	MONTHLY AVERAGE			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	6	182	\$ 127,733.06	\$ 701.83	36.400	\$ 21288.84	\$ 25546.61
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	6	182	127,733.06	701.83	36.400	21288.84	25546.61
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00

@ORGANIZED OUTPATIENT CLINIC	5	5	\$	1,070.00	\$	214.00	1.000	\$	214.00	\$	214.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	5	5		1,070.00		214.00	1.000		214.00		214.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 17,960
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
YOLO COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED AID CODE 16

05 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	23	45	\$ 986.12	\$ 21.91	9.000	\$ 42.87	\$ 197.22
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	2	4	480.00	120.00	.800	240.00	96.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	20	40	495.22	12.38	8.000	24.76	99.04
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00

HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	1		10.90	10.90	.200	10.90	2.18
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	1	3	\$	34.50	11.50	.600	34.50	6.90

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

PAGE 17,961

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

YOLO COUNTY

SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND AID CODES 26 6A

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00

DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 17,962
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
YOLO COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND AID CODES 26 6A

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 17,963
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
YOLO COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND AID CODES 26 6A

	00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0		0	.00	.00	.000	.00	.00
HSC HOSPITALS	0		0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0		0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0		0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0		0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0		0	.00	.00	.000	.00	.00
ANCILLARIES	0		0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0		0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0		0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0		0	.00	.00	.000	.00	.00
MEDICAL	0		0	.00	.00	.000	.00	.00
SURGERY	0		0	.00	.00	.000	.00	.00
PATHOLOGY	0		0	.00	.00	.000	.00	.00
RADIOLOGY	0		0	.00	.00	.000	.00	.00
ROOM USE	0		0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0		0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0		0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0		0	.00	.00	.000	.00	.00
@NURSING FACILITY	0		0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0		0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0		0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0		0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0		0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
LEV B-REGULAR	0		0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0		0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0		0	.00	.00	.000	.00	.00
ICF DD	0		0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0		0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0		0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0		0	.00	.00	.000	.00	.00

@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 17,964
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
YOLO COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND AID CODES 26 6A

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 17,965
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
YOLO COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - DISABLED AID CODES 36 66 6C

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
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@TOTAL, ALL PROVIDERS	206	480	\$	36,912.34	\$	76.90	.000	\$	179.19	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0		.00		.00	.000		.00		.00
OFFICE VISITS	0	0		.00		.00	.000		.00		.00
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	0	0		.00		.00	.000		.00		.00
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	0	0		.00		.00	.000		.00		.00
INPATIENT VISITS	0	0		.00		.00	.000		.00		.00
HOSPITAL VISITS	0	0		.00		.00	.000		.00		.00
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000		.00		.00
@PHARMACY	149	229	\$	38,473.07	\$	168.00	.000	\$	258.21	\$	.00
PRESCRIPTION DRUGS	149	229		38,473.07		168.00	.000		258.21		.00

SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	149	229	38,473.07	168.00	.000	258.21	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	51	199	\$ 6,312.00	\$ 31.72	.000	\$ 123.76	\$.00
VISITS - DIAGNOSTIC	31	143	1,408.00	9.85	.000	45.42	.00
ORAL SURGERY	8	19	737.00	38.79	.000	92.13	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	5	5	472.00	94.40	.000	94.40	.00
ENDODONTICS	1	1	260.00	260.00	.000	260.00	.00
RESTORATIVE DENTISTRY	10	10	1,048.00	104.80	.000	104.80	.00
PROSTHETICS	1	1	30.00	30.00	.000	30.00	.00
DENTURES, STAYPLATES	7	19	2,357.00	124.05	.000	336.71	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	1	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 17,966
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
YOLO COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - DISABLED AID CODES 36 66 6C

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	3	6	\$ 95.76	\$ 15.96	.000	\$ 31.92	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	3	6	95.76	15.96	.000	31.92	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	.00	.00	.000	.00	.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00

RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 17,967
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
YOLO COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - DISABLED AID CODES 36 66 6C

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$ 8,760.00CR	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	8,760.00CR	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00

ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	2	3	\$ 272.96	\$ 90.99	.000	\$ 136.48	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	2	3	272.96	90.99	.000	136.48	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 17,968
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
YOLO COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - DISABLED AID CODES 36 66 6C

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	23	43	\$ 518.55	\$ 12.06	.000	\$ 22.55	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	23	43	518.55	12.06	.000	22.55	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ 8,760.00	CR \$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV
MOP024
YOLO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES DISCONTINUED

PAGE 17,970
03/14/05

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 17,971
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
YOLO COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES DISCONTINUED

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00

LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.000	\$	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.000	\$	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.000	\$	.00
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 17,972
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
YOLO COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES DISCONTINUED

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	0	0		.00		.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$	.00	.000	\$	.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$	.00	.000	\$	.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
MOP024 FEE-FOR-SERVICE/DENTAL
YOLO COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - TOTAL

PAGE 17,973
03/14/05

						----- MONTHLY AVERAGE -----		
05 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	264	794	\$ 171,320.13	\$ 215.77	158.800	\$ 648.94	\$ 34264.03	
@PHYSICIANS SERVICES	2	3	\$ 79.84	\$ 26.61	.600	\$ 39.92	\$ 15.97	
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00	
OFFICE VISITS	0	0	.00	.00	.000	.00	.00	
HOME VISITS	0	0	.00	.00	.000	.00	.00	
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00	
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00	
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00	
CRITICAL CARE	0	0	.00	.00	.000	.00	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00	
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00	
DIALYSIS	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	.00	
PSYCHIATRY	0	0	.00	.00	.000	.00	.00	
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES/ALL X-OVERS	2	3	79.84	26.61	.600	39.92	15.97	
@PHARMACY	150	231	\$ 38,620.57	\$ 167.19	46.200	\$ 257.47	\$ 7724.11	
PRESCRIPTION DRUGS	150	231	38,620.57	167.19	46.200	257.47	7724.11	
SNF/ICF	0	0	.00	.00	.000	.00	.00	
OUTPATIENTS	150	231	38,620.57	167.19	46.200	257.47	7724.11	
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00	
@DENTIST	71	271	\$ 9,590.05	\$ 35.39	54.200	\$ 135.07	\$ 1918.01	
VISITS - DIAGNOSTIC	45	188	2,070.00	11.01	37.600	46.00	414.00	
ORAL SURGERY	10	24	971.05	40.46	4.800	97.11	194.21	
DRUGS	0	0	.00	.00	.000	.00	.00	
ANESTHESIA	0	0	.00	.00	.000	.00	.00	
PERIODONTICS	8	8	708.00	88.50	1.600	88.50	141.60	
ENDODONTICS	1	1	260.00	260.00	.200	260.00	52.00	
RESTORATIVE DENTISTRY	14	23	2,089.00	90.83	4.600	149.21	417.80	
PROSTHETICS	1	1	30.00	30.00	.200	30.00	6.00	

DENTURES, STAYPLATES	11	25	3,462.00	138.48	5.000	314.73	692.40
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	1	.00	.00	.200	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 17,974
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
YOLO COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - TOTAL

05 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	6	11	\$ 1,208.98	\$ 109.91	2.200	\$ 201.50	\$ 241.80
DIAGNOSTIC AND ANC. PROCED	1	1	75.11	75.11	.200	75.11	15.02
EYE APPLIANCES	5	10	1,133.87	113.39	2.000	226.77	226.77
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 17,975
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
YOLO COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - TOTAL

05 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
@STATE HOSPITAL	6	182	\$	127,733.06	\$ 701.83	36.400	\$ 21288.84	\$ 25546.61
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	6	182		127,733.06	701.83	36.400	21288.84	25546.61
@NURSING FACILITY	0	0	\$	8,760.00CR	\$.00	.000	\$.00	\$ 1752.00CR
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		8,760.00CR	.00	.000	.00	1752.00CR
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	7	8	\$	1,342.96	\$ 167.87	1.600	\$ 191.85	\$ 268.59
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	7	8		1,342.96	167.87	1.600	191.85	268.59

#CALIF DEPT OF HEALTH SERV MOP024 YOLO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR TITLE II DISREGARD - TOTAL

PAGE 17,976 03/14/05

05 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----		
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER
@ALL OTHER PROVIDERS	46	88	\$ 1,504.67	\$ 17.10	17.600	\$ 32.71
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00
BLOOD BANK	0	0	.00	.00	.000	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00
OTHER TRANS	0	0	.00	.00	.000	.00
OTHER SERVICES	0	0	.00	.00	.000	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	2	4	480.00	120.00	.800	240.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00
OPTICIAN	43	83	1,013.77	12.21	16.600	23.58
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00
PROSTHETICS	0	0	.00	.00	.000	.00
ORTHOTICS	0	0	.00	.00	.000	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00

HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	1	10.90	10.90	.200	10.90	2.18
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	1	3	\$ 8,725.50CR	\$ 2908.50CR	.600	\$ 8725.50CR\$	1745.10CR

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

PAGE 17,977

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

YOLO COUNTY

SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED

AID CODE 18

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	233	1,988	\$ 136,960.37	\$ 68.89	.000	\$ 587.81	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	58	76	\$ 19,518.44	\$ 256.82	.000	\$ 336.52	\$.00
PRESCRIPTION DRUGS	57	75	19,516.80	260.22	.000	342.40	.00
SNF/ICF	2	4	417.46	104.37	.000	208.73	.00
OUTPATIENTS	55	71	19,099.34	269.00	.000	347.26	.00
MEDICAL SUPPLIES	1	1	1.64	1.64	.000	1.64	.00
@DENTIST	41	153	\$ 3,202.00	\$ 20.93	.000	\$ 78.10	\$.00
VISITS - DIAGNOSTIC	31	123	1,271.00	10.33	.000	41.00	.00
ORAL SURGERY	4	5	338.00	67.60	.000	84.50	.00

DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	6	14	793.00	56.64	.000	132.17	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	6	11	800.00	72.73	.000	133.33	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 17,978
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
YOLO COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED AID CODE 18

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 17,979
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
YOLO COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED AID CODE 18

	00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0		0	.00	.00	.000	.00	.00
HSC HOSPITALS	0		0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0		0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0		0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0		0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0		0	.00	.00	.000	.00	.00
ANCILLARIES	0		0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0		0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0		0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0		0	.00	.00	.000	.00	.00
MEDICAL	0		0	.00	.00	.000	.00	.00
SURGERY	0		0	.00	.00	.000	.00	.00
PATHOLOGY	0		0	.00	.00	.000	.00	.00
RADIOLOGY	0		0	.00	.00	.000	.00	.00
ROOM USE	0		0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0		0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0		0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0		0	.00	.00	.000	.00	.00
@NURSING FACILITY	0		0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0		0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0		0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0		0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0		0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
LEV B-REGULAR	0		0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0		0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0		0	.00	.00	.000	.00	.00
ICF DD	0		0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0		0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0		0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0		0	.00	.00	.000	.00	.00

@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	1	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	1	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 17,980
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
YOLO COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED AID CODE 18

						----- MONTHLY AVERAGE -----		
00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	147	1,759	\$ 114,239.93	\$ 64.95	.000	\$ 777.14	\$.00	
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00	
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00	
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00	
OTHER TRANS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00	
ADULT DAY HEALTH CARE CTR	91	1,435	99,659.50	69.45	.000	1095.16	.00	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	32	270	13,946.97	51.66	.000	435.84	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	24	54	633.46	11.73	.000	26.39	.00	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00	

PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 17,981
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
YOLO COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND	AID CODE 28

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	3	9	\$ 352.08	\$ 39.12	.000	\$ 117.36	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00

SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	2	7	\$ 326.00	\$ 46.57	.000	\$ 163.00	\$.00
VISITS - DIAGNOSTIC	1	5	56.00	11.20	.000	56.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	1	1	215.00	215.00	.000	215.00	.00
RESTORATIVE DENTISTRY	1	1	55.00	55.00	.000	55.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 17,982
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
YOLO COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND AID CODE 28

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00

RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 17,983
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
YOLO COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND AID CODE 28

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00

ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 17,984
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
YOLO COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND AID CODE 28

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	1	2	\$ 26.08	\$ 13.04	.000	\$ 26.08	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	2	26.08	13.04	.000	26.08	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV
MOP024
YOLO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED

PAGE 17,985
03/14/05

						----- MONTHLY AVERAGE -----		
00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	126	5,729	\$ 54,132.10	\$ 9.45	.000	\$ 429.62	\$.00	
@PHYSICIANS SERVICES	0	0	.00	.00	.000	.00	.00	
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00	
OFFICE VISITS	0	0	.00	.00	.000	.00	.00	
HOME VISITS	0	0	.00	.00	.000	.00	.00	
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00	
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00	
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00	
CRITICAL CARE	0	0	.00	.00	.000	.00	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00	
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00	
DIALYSIS	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	.00	

RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	29	41	\$ 12,011.49	\$ 292.96	.000	\$ 414.19	\$.00
PRESCRIPTION DRUGS	29	41	12,011.49	292.96	.000	414.19	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	29	41	12,011.49	292.96	.000	414.19	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	35	133	\$ 4,164.25	\$ 31.31	.000	\$ 118.98	\$.00
VISITS - DIAGNOSTIC	23	104	1,159.25	11.15	.000	50.40	.00
ORAL SURGERY	5	5	345.00	69.00	.000	69.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	3	3	472.00	157.33	.000	157.33	.00
ENDODONTICS	2	2	305.00	152.50	.000	152.50	.00
RESTORATIVE DENTISTRY	9	16	1,383.00	86.44	.000	153.67	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	2	2	500.00	250.00	.000	250.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	1	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 17,986
MOPO24 FEE-FOR-SERVICE/DENTAL 03/14/05
YOLO COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED AID CODE 68

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 17,987
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
YOLO COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED AID CODE 68

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00

LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	1	1	\$ 216.00	\$ 216.00	.000	\$ 216.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	1	1	216.00	216.00	.000	216.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 17,988
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
YOLO COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED AID CODE 68

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	66	5,554	\$ 37,740.36	\$ 6.80	.000	\$ 571.82	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	35	382	26,579.56	69.58	.000	759.42	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	11	23	239.20	10.40	.000	21.75	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	20	5,149	10,921.60	2.12	.000	546.08	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	3	6	\$	2,885.05	\$ 480.84	.000	\$ 961.68	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
MOP024 FEE-FOR-SERVICE/DENTAL
YOLO COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - TOTAL

PAGE 17,989
03/14/05

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	362	7,726	\$ 191,444.55	\$ 24.78	.000	\$ 528.85	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	87	117	\$ 31,529.93	\$ 269.49	.000	\$ 362.41	\$.00
PRESCRIPTION DRUGS	86	116	31,528.29	271.80	.000	366.61	.00
SNF/ICF	2	4	417.46	104.37	.000	208.73	.00
OUTPATIENTS	84	112	31,110.83	277.78	.000	370.37	.00
MEDICAL SUPPLIES	1	1	1.64	1.64	.000	1.64	.00
@DENTIST	78	293	\$ 7,692.25	\$ 26.25	.000	\$ 98.62	\$.00
VISITS - DIAGNOSTIC	55	232	2,486.25	10.72	.000	45.20	.00
ORAL SURGERY	9	10	683.00	68.30	.000	75.89	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	3	3	472.00	157.33	.000	157.33	.00
ENDODONTICS	3	3	520.00	173.33	.000	173.33	.00
RESTORATIVE DENTISTRY	16	31	2,231.00	71.97	.000	139.44	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00

DENTURES, STAYPLATES	8	13	1,300.00	100.00	.000	162.50	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	2	1	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 17,990
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
YOLO COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - TOTAL

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00

NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 17,991
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
YOLO COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - TOTAL

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	2	1	\$	216.00	\$ 216.00	.000	\$ 108.00	\$.00
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	2	1		216.00	216.00	.000	108.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 17,992
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
YOLO COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - TOTAL

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	214	7,315	\$ 152,006.37	\$ 20.78	.000	\$ 710.31	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	126	1,817	126,239.06	69.48	.000	1001.90	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	32	270	13,946.97	51.66	.000	435.84	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	36	79	898.74	11.38	.000	24.97	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00

HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	20	5,149	10,921.60	2.12	.000	546.08	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	3	6	\$ 2,885.05	\$ 480.84	.000	\$ 961.68	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

PAGE 17,993

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

YOLO COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED

110 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	2,016	16,997	\$ 978,083.05	\$ 57.54	154.518	\$ 485.16	\$ 8891.66
@PHYSICIANS SERVICES	23	55	\$ 1,212.59	\$ 22.05	.500	\$ 52.72	\$ 11.02
OUTPATIENT VISITS	3	3	79.60	26.53	.027	26.53	.72
OFFICE VISITS	3	3	79.60	26.53	.027	26.53	.72
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	1	3	30.83	10.28	.027	30.83	.28
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	1	3	30.83	10.28	.027	30.83	.28
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	2	6.27	3.14	.018	3.14	.06
RADIOLOGY	2	2	112.73	56.37	.018	56.37	1.02
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	19	45	983.16	21.85	.409	51.75	8.94
@PHARMACY	302	3,702	\$ 71,806.97	\$ 19.40	33.655	\$ 237.77	\$ 652.79
PRESCRIPTION DRUGS	295	593	71,367.05	120.35	5.391	241.92	648.79
SNF/ICF	37	89	12,787.36	143.68	.809	345.60	116.25
OUTPATIENTS	261	504	58,579.69	116.23	4.582	224.44	532.54
MEDICAL SUPPLIES	11	3,109	439.92	.14	28.264	39.99	4.00
@DENTIST	697	2,871	\$ 129,730.47	\$ 45.19	26.100	\$ 186.13	\$ 1179.37
VISITS - DIAGNOSTIC	420	1,707	17,519.97	10.26	15.518	41.71	159.27
ORAL SURGERY	121	288	13,197.50	45.82	2.618	109.07	119.98

DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	1	.00	.00	.009	.00	.00
PERIODONTICS	54	58	5,176.10	89.24	.527	95.85	47.06
ENDODONTICS	41	69	16,202.00	234.81	.627	395.17	147.29
RESTORATIVE DENTISTRY	141	310	27,561.15	88.91	2.818	195.47	250.56
PROSTHETICS	24	25	670.00	26.80	.227	27.92	6.09
DENTURES, STAYPLATES	147	405	49,403.75	121.98	3.682	336.08	449.13
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	13	8	.00	.00	.073	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 17,994
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
YOLO COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED

110 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	20	59	\$ 2,091.78	\$ 35.45	.536	\$ 104.59	\$ 19.02
DIAGNOSTIC AND ANC. PROCED	2	2	122.56	61.28	.018	61.28	1.11
EYE APPLIANCES	18	48	1,822.09	37.96	.436	101.23	16.56
OTHER OPTOMETRIC SERVICES	3	9	147.13	16.35	.082	49.04	1.34
@CHIROPRACTOR	0	0	.00	.00	.000	.00	.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	.00	.00	.000	.00	.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	.00	.00	.000	.00	.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	7	35	\$ 9,234.66	\$ 263.85	.318	\$ 1319.24	\$ 83.95
HOSP INPATIENT TOTAL	3	9	8,857.48	984.16	.082	2952.49	80.52
HSC HOSPITALS	2	9	8,857.48	984.16	.082	4428.74	80.52
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	4	26	377.18	14.51	.236	94.30	3.43
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	4	26	377.18	14.51	.236	94.30	3.43
@COUNTY HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 17,995
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
YOLO COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED

	110 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	7	35	\$	9,234.66	\$ 263.85	.318	\$ 1319.24	\$ 83.95
COMM HOSP INPATIENT TOTAL	3	9		8,857.48	984.16	.082	2952.49	80.52
HSC HOSPITALS	2	9		8,857.48	984.16	.082	4428.74	80.52
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00

COMM HOSP OUTPATIENT TOTAL	4	26		377.18	14.51	.236	94.30	3.43
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	4	26		377.18	14.51	.236	94.30	3.43
@STATE HOSPITAL	8	244	\$	159,234.63	\$ 652.60	2.218	\$ 19904.33	\$ 1447.59
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	8	244		159,234.63	652.60	2.218	19904.33	1447.59
@NURSING FACILITY	3	26	\$	1,960.70	\$ 75.41	.236	\$ 653.57	\$ 17.82
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	3	26		1,960.70	75.41	.236	653.57	17.82
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	1	1	\$	630.14	\$ 630.14	.009	\$ 630.14	\$ 5.73
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	1	1		630.14	630.14	.009	630.14	5.73
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	1	5	\$	31.86	\$ 6.37	.045	\$ 31.86	\$.29
PATHOLOGY	1	5		31.86	6.37	.045	31.86	.29
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	43	56	\$	9,154.89	\$ 163.48	.509	\$ 212.90	\$ 83.23
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	43	56		9,154.89	163.48	.509	212.90	83.23

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 17,996
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
YOLO COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED

	110 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	1,041	9,943	\$	592,994.36	\$ 59.64	90.391	\$ 569.64	\$ 5390.86
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	.00
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	2	40		95.98	2.40	.364	47.99	.87
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00	.00
OTHER TRANS	1	36		63.15	1.75	.327	63.15	.57
OTHER SERVICES	1	4		32.83	8.21	.036	32.83	.30
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	640	7,985		555,551.18	69.57	72.591	868.05	5050.47
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	73	475		28,696.45	60.41	4.318	393.10	260.88
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	335	763		8,296.97	10.87	6.936	24.77	75.43
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00

PORTABLE X-RAY	1	3	1.12	.37	.027	1.12	.01
PROSTHETIST/ORTHOTISTS	1	2	78.86	39.43	.018	78.86	.72
PROSTHETICS	1	2	78.86	39.43	.018	78.86	.72
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	5	675	273.80	.41	6.136	54.76	2.49
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	30	89	870.75	9.78	.809	29.03	7.92

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 17,997
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
YOLO COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND	

16 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@TOTAL, ALL PROVIDERS	183	8,496	\$ 129,508.02	\$ 15.24	531.000		\$ 707.69	\$ 8094.25
@PHYSICIANS SERVICES	3	4	\$ 176.04	\$ 44.01	.250		\$ 58.68	\$ 11.00
OUTPATIENT VISITS	2	2	73.98	36.99	.125		36.99	4.62
OFFICE VISITS	1	1	59.50	59.50	.063		59.50	3.72
HOME VISITS	0	0	.00	.00	.000		.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000		.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000		.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000		.00	.00
OTHER OUTPATIENT	1	1	14.48	14.48	.063		14.48	.91
INPATIENT VISITS	0	0	.00	.00	.000		.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000		.00	.00
CRITICAL CARE	0	0	.00	.00	.000		.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000		.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000		.00	.00
EXAMINATIONS	0	0	.00	.00	.000		.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000		.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000		.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000		.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000		.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000		.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000		.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000		.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000		.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000		.00	.00
DIALYSIS	0	0	.00	.00	.000		.00	.00
PATHOLOGY	0	0	.00	.00	.000		.00	.00
RADIOLOGY	0	0	.00	.00	.000		.00	.00
PSYCHIATRY	0	0	.00	.00	.000		.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000		.00	.00
OTHER SERVICES/ALL X-OVERS	1	2	102.06	51.03	.125		102.06	6.38
@PHARMACY	44	122	\$ 35,071.49	\$ 287.47	7.625		\$ 797.08	\$ 2191.97
PRESCRIPTION DRUGS	44	122	35,071.49	287.47	7.625		797.08	2191.97

SNF/ICF	10	27		7,206.80		266.92	1.688	720.68	450.43
OUTPATIENTS	38	95		27,864.69		293.31	5.938	733.28	1741.54
MEDICAL SUPPLIES	0	0		.00		.00	.000	.00	.00
@DENTIST	53	226	\$	6,419.00	\$	28.40	14.125	\$ 121.11	\$ 401.19
VISITS - DIAGNOSTIC	32	145		1,565.00		10.79	9.063	48.91	97.81
ORAL SURGERY	11	42		1,954.00		46.52	2.625	177.64	122.13
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	8	9		472.00		52.44	.563	59.00	29.50
ENDODONTICS	3	3		735.00		245.00	.188	245.00	45.94
RESTORATIVE DENTISTRY	7	12		572.00		47.67	.750	81.71	35.75
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	3	14		1,121.00		80.07	.875	373.67	70.06
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	1	1		.00		.00	.063	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 17,998
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
YOLO COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND

16 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	1	1	\$ 2.88	\$ 2.88	.063	\$ 2.88	\$.18
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	1	1	2.88	2.88	.063	2.88	.18
@HOME HEALTH AGENCY	2	98	\$ 2,904.50	\$ 29.64	6.125	\$ 1452.25	\$ 181.53
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	3	8	\$ 192.54	\$ 24.07	.500	\$ 64.18	\$ 12.03
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	3	8	192.54	24.07	.500	64.18	12.03
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	4	36.28	9.07	.250	36.28	2.27

RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	2	70.26	35.13	.125	70.26	4.39
CROSSOVERS/ALL OTH OUTPTNT	2	2	86.00	43.00	.125	43.00	5.38
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 17,999
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
YOLO COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND						

16 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3	8	\$ 192.54	\$ 24.07	.500	\$ 64.18	\$ 12.03
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	3	8	192.54	24.07	.500	64.18	12.03
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	4	36.28	9.07	.250	36.28	2.27
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	2	70.26	35.13	.125	70.26	4.39
CROSSOVERS/ALL OTH OUTPTNT	2	2	86.00	43.00	.125	43.00	5.38
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	2	16	\$ 1,913.60	\$ 119.60	1.000	\$ 956.80	\$ 119.60
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	2	16	1,913.60	119.60	1.000	956.80	119.60
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00

ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	1	1	\$ 660.00	\$ 660.00	.063	\$ 660.00	\$ 41.25
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	1	1	660.00	660.00	.063	660.00	41.25
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	5	6	\$ 1,296.00	\$ 216.00	.375	\$ 259.20	\$ 81.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	5	6	1,296.00	216.00	.375	259.20	81.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,000
 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
 YOLO COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND

16 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	95	8,014	\$ 80,871.97	\$ 10.09	500.875	\$ 851.28	\$ 5054.50
DURABLE MED. EQUIP.	1	25	1,623.14	64.93	1.563	1623.14	101.45
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	2	925	1,668.06	1.80	57.813	834.03	104.25
AMBULANCES/AIR TRANS	1	1	107.16	107.16	.063	107.16	6.70
OTHER TRANS	1	924	1,560.90	1.69	57.750	1560.90	97.56
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00

ADULT DAY HEALTH CARE CTR	64	774	53,854.92	69.58	48.375	841.48	3365.93
GENETIC DISEASE TESTING	1	1	105.00	105.00	.063	105.00	6.56
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	10	18	214.98	11.94	1.125	21.50	13.44
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	11	4,042	5,940.06	1.47	252.625	540.01	371.25
EPSDT SUPPLEMENTAL SERVICE	4	586	17,234.26	29.41	36.625	4308.57	1077.14
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	3	1,643	231.55	.14	102.688	77.18	14.47
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	5	7	\$ 843.08	\$ 120.44	.438	\$ 168.62	\$ 52.69

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,001
 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
 YOLO COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED

861 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER COST PER PER ELIG USER ELIGIBLE
@TOTAL, ALL PROVIDERS	11,397	102,987	\$ 5,109,833.27	\$ 49.62	119.613 \$ 448.35 \$ 5934.77
@PHYSICIANS SERVICES	410	1,010	\$ 31,916.47	\$ 31.60	1.173 \$ 77.85 \$ 37.07
OUTPATIENT VISITS	127	155	6,322.92	40.79	.180 49.79 7.34
OFFICE VISITS	81	96	3,484.02	36.29	.111 43.01 4.05
HOME VISITS	0	0	.00	.00	.000 .00 .00
EMERGENCY ROOM	29	39	2,117.27	54.29	.045 73.01 2.46
PREVENTIVE CARE	0	0	.00	.00	.000 .00 .00
OB VISITS/COMPRE PERI	2	2	179.48	89.74	.002 89.74 .21
OTHER OUTPATIENT	16	18	542.15	30.12	.021 33.88 .63
INPATIENT VISITS	48	129	4,772.99	37.00	.150 99.44 5.54
HOSPITAL VISITS	23	64	2,487.25	38.86	.074 108.14 2.89
CRITICAL CARE	4	7	604.00	86.29	.008 151.00 .70
SNF/ICF/TRANS IP CARE	25	58	1,681.74	29.00	.067 67.27 1.95
OPHTHALMOLOGICAL SERVICES	6	7	249.48	35.64	.008 41.58 .29
EXAMINATIONS	6	7	249.48	35.64	.008 41.58 .29
SERVICES AND MATERIALS	0	0	.00	.00	.000 .00 .00
INPATIENT HOSPITAL SURGERY	9	31	3,296.54	106.34	.036 366.28 3.83
PRINCIPAL SURGEON	6	6	2,518.24	419.71	.007 419.71 2.92
ASSISTANT SURGEON	1	1	101.27	101.27	.001 101.27 .12
ANESTHESIOLOGIST	3	24	677.03	28.21	.028 225.68 .79
OUTPATIENT SURGERY	14	26	3,126.99	120.27	.030 223.36 3.63
PRINCIPAL SURGEON	13	15	2,802.56	186.84	.017 215.58 3.26
ASSISTANT SURGEON	0	0	.00	.00	.000 .00 .00
ANESTHESIOLOGIST	2	11	324.43	29.49	.013 162.22 .38
DIALYSIS	1	1	225.04	225.04	.001 225.04 .26
PATHOLOGY	12	22	368.12	16.73	.026 30.68 .43

RADIOLOGY	53	93		3,836.46		41.25	.108	72.39	4.46
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	8	41		370.97		9.05	.048	46.37	.43
OTHER SERVICES/ALL X-OVERS	213	505		9,346.96		18.51	.587	43.88	10.86
@PHARMACY	6,254	22,641	\$	2,901,866.51	\$	128.17	26.296	\$ 464.00	\$ 3370.34
PRESCRIPTION DRUGS	6,232	14,879		2,887,892.23		194.09	17.281	463.40	3354.11
SNF/ICF	488	1,801		308,023.43		171.03	2.092	631.20	357.75
OUTPATIENTS	5,794	13,078		2,579,868.80		197.27	15.189	445.27	2996.36
MEDICAL SUPPLIES	68	7,762		13,974.28		1.80	9.015	205.50	16.23
@DENTIST	2,987	14,145	\$	489,302.29	\$	34.59	16.429	\$ 163.81	\$ 568.30
VISITS - DIAGNOSTIC	2,006	9,604		104,399.20		10.87	11.154	52.04	121.25
ORAL SURGERY	459	1,086		54,104.75		49.82	1.261	117.88	62.84
DRUGS	1	1		25.00		25.00	.001	25.00	.03
ANESTHESIA	1	1		100.00		100.00	.001	100.00	.12
PERIODONTICS	280	310		30,400.60		98.07	.360	108.57	35.31
ENDODONTICS	204	325		69,869.00		214.98	.377	342.50	81.15
RESTORATIVE DENTISTRY	725	1,745		122,732.45		70.33	2.027	169.29	142.55
PROSTHETICS	48	58		1,550.00		26.72	.067	32.29	1.80
DENTURES, STAYPLATES	328	943		105,251.29		111.61	1.095	320.89	122.24
SPACE MAINTAINERS	4	10		480.00		48.00	.012	120.00	.56
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	6	6		315.00		52.50	.007	52.50	.37
ALL OTHER SERVICES	54	56		75.00		1.34	.065	1.39	.09
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004								PAGE 18,002
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YOLO COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED								

861 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----				
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	95	255	\$ 4,848.35	\$ 19.01	.296	\$ 51.04	\$ 5.63	
DIAGNOSTIC AND ANC. PROCED	32	35	1,380.46	39.44	.041	43.14	1.60	
EYE APPLIANCES	82	217	3,438.03	15.84	.252	41.93	3.99	
OTHER OPTOMETRIC SERVICES	2	3	29.86	9.95	.003	14.93	.03	
@CHIROPRACTOR	1	2	\$ 33.44	\$ 16.72	.002	\$ 33.44	\$.04	
VISITS	1	2	33.44	16.72	.002	33.44	.04	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
@PODIATRIST	7	14	\$ 346.66	\$ 24.76	.016	\$ 49.52	\$.40	
MEDICINE/INJECTIONS	4	5	187.90	37.58	.006	46.98	.22	
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00	
RADIO./PATHOLOGY	1	2	34.60	17.30	.002	34.60	.04	
OTHER	3	7	124.16	17.74	.008	41.39	.14	
@HOME HEALTH AGENCY	5	438	\$ 13,643.22	\$ 31.15	.509	\$ 2728.64	\$ 15.85	
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00	
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00	
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00	
FAMILY NURSE PRACTITIONER	3	5	\$ 71.85	\$ 14.37	.006	\$ 23.95	\$.08	
@TOTAL HOSPITAL	147	699	\$ 143,854.29	\$ 205.80	.812	\$ 978.60	\$ 167.08	
HOSP INPATIENT TOTAL	43	67	131,738.35	1966.24	.078	3063.68	153.01	
HSC HOSPITALS	10	37	55,666.83	1504.51	.043	5566.68	64.65	
NON-HSC HOSPITAL TOTAL	4	30	54,122.50	1804.08	.035	13530.63	62.86	
ACCOMMODATIONS	4	30	11,898.62	396.62	.035	2974.66	13.82	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	4	30	11,898.62	396.62	.035	2974.66	13.82	
ANCILLARIES	4	0	42,223.88	.00	.000	10555.97	49.04	

INPATIENT CROSSOVERS	29	0	21,949.02	.00	.000	756.86	25.49
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	107	632	12,115.94	19.17	.734	113.23	14.07
MEDICAL	23	31	1,376.15	44.39	.036	59.83	1.60
SURGERY	1	1	21.55	21.55	.001	21.55	.03
PATHOLOGY	41	308	2,229.86	7.24	.358	54.39	2.59
RADIOLOGY	23	55	3,002.68	54.59	.064	130.55	3.49
ROOM USE	53	65	2,326.35	35.79	.075	43.89	2.70
CROSSOVERS/ALL OTH OUTPTNT	45	172	3,159.35	18.37	.200	70.21	3.67
@COUNTY HOSPITAL TOTAL	4	8	\$ 261.72	\$ 32.72	.009	\$ 65.43	\$.30
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	4	8	261.72	32.72	.009	65.43	.30
MEDICAL	2	2	91.90	45.95	.002	45.95	.11
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	3	40.76	13.59	.003	40.76	.05
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	3	3	129.06	43.02	.003	43.02	.15
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						
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YOLO COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED						

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861 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	144	691	\$ 143,592.57	\$ 207.80	.803	\$ 997.17	\$ 166.77
COMM HOSP INPATIENT TOTAL	43	67	131,738.35	1966.24	.078	3063.68	153.01
HSC HOSPITALS	10	37	55,666.83	1504.51	.043	5566.68	64.65
NON-HSC HOSPITALS TOTAL	4	30	54,122.50	1804.08	.035	13530.63	62.86
ACCOMMODATIONS	4	30	11,898.62	396.62	.035	2974.66	13.82
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	4	30	11,898.62	396.62	.035	2974.66	13.82
ANCILLARIES	4	0	42,223.88	.00	.000	10555.97	49.04
INPATIENT CROSSOVERS	29	0	21,949.02	.00	.000	756.86	25.49
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	104	624	11,854.22	19.00	.725	113.98	13.77
MEDICAL	21	29	1,284.25	44.28	.034	61.15	1.49
SURGERY	1	1	21.55	21.55	.001	21.55	.03
PATHOLOGY	40	305	2,189.10	7.18	.354	54.73	2.54
RADIOLOGY	23	55	3,002.68	54.59	.064	130.55	3.49
ROOM USE	51	62	2,197.29	35.44	.072	43.08	2.55
CROSSOVERS/ALL OTH OUTPTNT	45	172	3,159.35	18.37	.200	70.21	3.67
@STATE HOSPITAL	12	366	\$ 257,116.68	\$ 702.50	.425	\$ 21426.39	\$ 298.63
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	12	366	257,116.68	702.50	.425	21426.39	298.63
@NURSING FACILITY	67	1,602	\$ 208,211.62	\$ 129.97	1.861	\$ 3107.64	\$ 241.83
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00

LEV B-REHAB MD	35	1,166		146,123.12		125.32	1.354	4174.95	169.71
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	2	28		16,209.99		578.93	.033	8105.00	18.83
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	30	408		45,878.51		112.45	.474	1529.28	53.29
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	.00	.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	5	42	\$	2,516.23	\$	59.91	.049	503.25	2.92
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	5	42		2,516.23		59.91	.049	503.25	2.92
@REHABILITATION FACILITY	6	49	\$	885.66	\$	18.07	.057	147.61	1.03
HOSPITAL BASED	1	2		138.33		69.17	.002	138.33	.16
INDEPENDENT FACILITY	5	47		747.33		15.90	.055	149.47	.87
@LABORATORY FACILITY	78	275	\$	2,783.16	\$	10.12	.319	35.68	3.23
PATHOLOGY	78	275		2,783.16		10.12	.319	35.68	3.23
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	153	501	\$	39,936.68	\$	79.71	.582	261.02	46.38
CLINIC	37	320		6,345.85		19.83	.372	171.51	7.37
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	116	181		33,590.83		185.58	.210	289.58	39.01

#CALIF DEPT OF HEALTH SERV MOP024 YOLO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED

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861 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	2,717	60,943	\$ 1,012,500.16	\$ 16.61	70.782	\$ 372.65	\$ 1175.96
DURABLE MED. EQUIP.	8	14	1,022.52	73.04	.016	127.82	1.19
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	28	387	4,310.80	11.14	.449	153.96	5.01
AMBULANCES/AIR TRANS	21	356	3,601.58	10.12	.413	171.50	4.18
OTHER TRANS	6	338	775.16	2.29	.393	129.19	.90
OTHER SERVICES	1	307CR	65.94CR	.21	.357CR	65.94CR	.08CR
ACUPUNCTURE	1	1	16.22	16.22	.001	16.22	.02
ADULT DAY HEALTH CARE CTR	422	6,004	417,845.32	69.59	6.973	990.15	485.30
GENETIC DISEASE TESTING	2	2	210.00	105.00	.002	105.00	.24
IHMC,MODEL-NF,NF,AIDS,MSSP	86	12,132	356,995.74	29.43	14.091	4151.11	414.63
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	955	2,166	22,544.82	10.41	2.516	23.61	26.18
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	3	9	63.02	7.00	.010	21.01	.07
PROSTHETIST/ORTHOTISTS	3	4	254.88	63.72	.005	84.96	.30
PROSTHETICS	3	4	254.88	63.72	.005	84.96	.30
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	19	25	1,283.06	51.32	.029	67.53	1.49
SPEECH AND AUDIOLOGY	2	2	45.26	22.63	.002	22.63	.05
HOSPICE SERVICES	2	48	5,453.76	113.62	.056	2726.88	6.33
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1,179	22,105	152,173.21	6.88	25.674	129.07	176.74
EPSDT SUPPLEMENTAL SERVICE	15	1,648	46,552.45	28.25	1.914	3103.50	54.07
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	30	16,396		3,729.10		.23	19.043	124.30	4.33
@CALIF. CHILDREN SERVICES*	35	382	\$	12,057.91	\$	31.57	.444	\$ 344.51	\$ 14.00
@XOVER EXCLUDING STATE HOSP**	252	777	\$	31,998.17	\$	41.18	.902	\$ 126.98	\$ 37.16

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
MOP024 FEE-FOR-SERVICE/DENTAL
YOLO COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES

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						----- MONTHLY AVERAGE -----		
3,954 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	13,412	91,351	\$ 1,732,904.00	\$ 18.97	23.103	\$ 129.21	\$ 438.27	
@PHYSICIANS SERVICES	781	1,653	\$ 67,072.39	\$ 40.58	.418	\$ 85.88	\$ 16.96	
OUTPATIENT VISITS	634	870	28,420.39	32.67	.220	44.83	7.19	
OFFICE VISITS	501	620	19,229.01	31.01	.157	38.38	4.86	
HOME VISITS	0	0	.00	.00	.000	.00	.00	
EMERGENCY ROOM	105	107	5,470.34	51.12	.027	52.10	1.38	
PREVENTIVE CARE	6	6	324.02	54.00	.002	54.00	.08	
OB VISITS/COMPRE PERI	17	82	1,837.10	22.40	.021	108.06	.46	
OTHER OUTPATIENT	43	55	1,559.92	28.36	.014	36.28	.39	
INPATIENT VISITS	30	114	8,127.72	71.30	.029	270.92	2.06	
HOSPITAL VISITS	25	81	3,860.79	47.66	.020	154.43	.98	
CRITICAL CARE	7	33	4,266.93	129.30	.008	609.56	1.08	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00	
OPHTHALMOLOGICAL SERVICES	10	11	487.00	44.27	.003	48.70	.12	
EXAMINATIONS	10	11	487.00	44.27	.003	48.70	.12	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	20	150	12,953.33	86.36	.038	647.67	3.28	
PRINCIPAL SURGEON	14	48	10,305.12	214.69	.012	736.08	2.61	
ASSISTANT SURGEON	2	2	308.11	154.06	.001	154.06	.08	
ANESTHESIOLOGIST	8	100	2,340.10	23.40	.025	292.51	.59	

OUTPATIENT SURGERY	53	100	6,004.50	60.05	.025	113.29	1.52
PRINCIPAL SURGEON	43	47	4,477.30	95.26	.012	104.12	1.13
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	11	53	1,527.20	28.82	.013	138.84	.39
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	63	101	1,500.01	14.85	.026	23.81	.38
RADIOLOGY	107	194	5,813.52	29.97	.049	54.33	1.47
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	2	2	70.30	35.15	.001	35.15	.02
OTHER SERVICES/ALL X-OVERS	62	111	3,695.62	33.29	.028	59.61	.93
@PHARMACY	1,408	6,918	\$ 292,892.11	\$ 42.34	1.750	\$ 208.02	\$ 74.07
PRESCRIPTION DRUGS	1,399	2,991	286,264.43	95.71	.756	204.62	72.40
SNF/ICF	4	6	2,505.15	417.53	.002	626.29	.63
OUTPATIENTS	1,399	2,985	283,759.28	95.06	.755	202.83	71.77
MEDICAL SUPPLIES	45	3,927	6,627.68	1.69	.993	147.28	1.68
@DENTIST	5,805	30,369	\$ 871,020.07	\$ 28.68	7.681	\$ 150.05	\$ 220.29
VISITS - DIAGNOSTIC	4,268	21,557	280,468.31	13.01	5.452	65.71	70.93
ORAL SURGERY	688	1,371	70,305.25	51.28	.347	102.19	17.78
DRUGS	40	41	950.00	23.17	.010	23.75	.24
ANESTHESIA	3	3	200.00	66.67	.001	66.67	.05
PERIODONTICS	214	226	19,926.50	88.17	.057	93.11	5.04
ENDODONTICS	525	926	154,016.25	166.32	.234	293.36	38.95
RESTORATIVE DENTISTRY	2,018	5,517	299,764.41	54.33	1.395	148.55	75.81
PROSTHETICS	13	14	442.50	31.61	.004	34.04	.11
DENTURES, STAYPLATES	74	308	22,622.76	73.45	.078	305.71	5.72
SPACE MAINTAINERS	36	50	5,323.00	106.46	.013	147.86	1.35
MAXILLOFACIAL SERVICES	10	10	826.09	82.61	.003	82.61	.21
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	178	213	15,350.00	72.07	.054	86.24	3.88
ALL OTHER SERVICES	123	133	825.00	6.20	.034	6.71	.21
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							
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		----- MONTHLY AVERAGE -----						
3,954 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	135	356	\$ 7,320.02	\$ 20.56	.090	\$ 54.22	\$ 1.85	
DIAGNOSTIC AND ANC. PROCED	77	79	3,314.67	41.96	.020	43.05	.84	
EYE APPLIANCES	109	276	3,993.35	14.47	.070	36.64	1.01	
OTHER OPTOMETRIC SERVICES	1	1	12.00	12.00	.000	12.00	.00	
@CHIROPRACTOR	0	0	.00	.00	.000	.00	.00	
VISITS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
@PODIATRIST	3	3	\$ 114.77	\$ 38.26	.001	\$ 38.26	\$.03	
MEDICINE/INJECTIONS	3	3	114.77	38.26	.001	38.26	.03	
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00	
OTHER	0	0	.00	.00	.000	.00	.00	
@HOME HEALTH AGENCY	4	7	\$ 434.56	\$ 62.08	.002	\$ 108.64	\$.11	
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00	
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00	
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00	
FAMILY NURSE PRACTITIONER	7	18	\$ 265.38	\$ 14.74	.005	\$ 37.91	\$.07	
@TOTAL HOSPITAL	387	1,124	\$ 163,843.84	\$ 145.77	.284	\$ 423.37	\$ 41.44	
HOSP INPATIENT TOTAL	20	92	132,657.86	1441.93	.023	6632.89	33.55	
HSC HOSPITALS	12	32	45,127.03	1410.22	.008	3760.59	11.41	

NON-HSC HOSPITAL TOTAL	8	60	87,530.83	1458.85	.015	10941.35	22.14
ACCOMMODATIONS	8	60	39,860.30	664.34	.015	4982.54	10.08
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	8	60	39,860.30	664.34	.015	4982.54	10.08
ANCILLARIES	8	0	47,670.53	.00	.000	5958.82	12.06
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	373	1,032	31,185.98	30.22	.261	83.61	7.89
MEDICAL	69	90	3,445.08	38.28	.023	49.93	.87
SURGERY	27	32	1,439.90	45.00	.008	53.33	.36
PATHOLOGY	112	349	4,108.32	11.77	.088	36.68	1.04
RADIOLOGY	70	89	5,960.78	66.98	.023	85.15	1.51
ROOM USE	209	258	10,227.78	39.64	.065	48.94	2.59
CROSSOVERS/ALL OTH OUTPTNT	137	214	6,004.12	28.06	.054	43.83	1.52
@COUNTY HOSPITAL TOTAL	15	44	\$ 1,488.75	\$ 33.84	.011	\$ 99.25	\$.38
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	15	44	1,488.75	33.84	.011	99.25	.38
MEDICAL	15	16	429.02	26.81	.004	28.60	.11
SURGERY	2	2	105.93	52.97	.001	52.97	.03
PATHOLOGY	4	4	40.19	10.05	.001	10.05	.01
RADIOLOGY	2	2	63.57	31.79	.001	31.79	.02
ROOM USE	15	19	842.49	44.34	.005	56.17	.21
CROSSOVERS/ALL OTH OUTPTNT	1	1	7.55	7.55	.000	7.55	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,007
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
YOLO COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES

3,954 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	373	1,080	\$ 162,355.09	\$ 150.33	.273	\$ 435.27	\$ 41.06
COMM HOSP INPATIENT TOTAL	20	92	132,657.86	1441.93	.023	6632.89	33.55
HSC HOSPITALS	12	32	45,127.03	1410.22	.008	3760.59	11.41
NON-HSC HOSPITALS TOTAL	8	60	87,530.83	1458.85	.015	10941.35	22.14
ACCOMMODATIONS	8	60	39,860.30	664.34	.015	4982.54	10.08
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	8	60	39,860.30	664.34	.015	4982.54	10.08
ANCILLARIES	8	0	47,670.53	.00	.000	5958.82	12.06
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	359	988	29,697.23	30.06	.250	82.72	7.51
MEDICAL	54	74	3,016.06	40.76	.019	55.85	.76
SURGERY	25	30	1,333.97	44.47	.008	53.36	.34
PATHOLOGY	108	345	4,068.13	11.79	.087	37.67	1.03
RADIOLOGY	68	87	5,897.21	67.78	.022	86.72	1.49
ROOM USE	195	239	9,385.29	39.27	.060	48.13	2.37

CROSSOVERS/ALL OTH OUTPTNT	136	213		5,996.57		28.15	.054	44.09	1.52
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	0	0		.00		.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	16	102	\$	2,087.61	\$	20.47	.026	\$ 130.48	\$.53
HOSPITAL BASED	6	52		1,256.69		24.17	.013	209.45	.32
INDEPENDENT FACILITY	10	50		830.92		16.62	.013	83.09	.21
@LABORATORY FACILITY	126	327	\$	4,212.05	\$	12.88	.083	\$ 33.43	\$ 1.07
PATHOLOGY	126	327		4,212.05		12.88	.083	33.43	1.07
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	547	872	\$	104,932.09	\$	120.33	.221	\$ 191.83	\$ 26.54
CLINIC	35	112		2,114.34		18.88	.028	60.41	.53
SURGICENTER	5	29		1,017.10		35.07	.007	203.42	.26
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	507	731		101,800.65		139.26	.185	200.79	25.75

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,008
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
YOLO COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES

	3,954 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	5,841		49,602	\$ 218,709.11	\$ 4.41	12.545	\$ 37.44	\$ 55.31
DURABLE MED. EQUIP.	20		51	14,281.71	280.03	.013	714.09	3.61
BLOOD BANK	0		0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0		0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	26		299	3,159.41	10.57	.076	121.52	.80
AMBULANCES/AIR TRANS	26		299	3,159.41	10.57	.076	121.52	.80
OTHER TRANS	0		0	.00	.00	.000	.00	.00
OTHER SERVICES	0		0	.00	.00	.000	.00	.00
ACUPUNCTURE	0		0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0		0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	48		48	5,040.00	105.00	.012	105.00	1.27
IHMC,MODEL-NF,NF,AIDS,MSSP	0		0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0		0	.00	.00	.000	.00	.00
OPTICIAN	786		1,673	14,586.35	8.72	.423	18.56	3.69
PHYSICAL THERAPIST	0		0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0		0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1		1	47.08	47.08	.000	47.08	.01
PROSTHETICS	1		1	47.08	47.08	.000	47.08	.01
ORTHOTICS	0		0	.00	.00	.000	.00	.00
PSYCHOLOGIST	9		24	1,300.83	54.20	.006	144.54	.33
SPEECH AND AUDIOLOGY	1		13	536.39	41.26	.003	536.39	.14

HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	4,981	17,695	173,648.94	9.81	4.475	34.86	43.92
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	39	29,798	6,108.40	.20	7.536	156.63	1.54
@CALIF. CHILDREN SERVICES*	67	785	\$ 80,306.94	\$ 102.30	.199	\$ 1198.61	\$ 20.31
@XOVER EXCLUDING STATE HOSP**	0	0	.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

PAGE 18,009

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

YOLO COUNTY

SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - TOTAL

4,941 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	27,008	219,831	\$ 7,950,328.34	\$ 36.17	44.491	\$ 294.37	\$ 1609.05
@PHYSICIANS SERVICES	1,217	2,722	\$ 100,377.49	\$ 36.88	.551	\$ 82.48	\$ 20.32
OUTPATIENT VISITS	766	1,030	34,896.89	33.88	.208	45.56	7.06
OFFICE VISITS	586	720	22,852.13	31.74	.146	39.00	4.63
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	134	146	7,587.61	51.97	.030	56.62	1.54
PREVENTIVE CARE	6	6	324.02	54.00	.001	54.00	.07
OB VISITS/COMPRE PERI	19	84	2,016.58	24.01	.017	106.14	.41
OTHER OUTPATIENT	60	74	2,116.55	28.60	.015	35.28	.43
INPATIENT VISITS	79	246	12,931.54	52.57	.050	163.69	2.62
HOSPITAL VISITS	48	145	6,348.04	43.78	.029	132.25	1.28
CRITICAL CARE	11	40	4,870.93	121.77	.008	442.81	.99
SNF/ICF/TRANS IP CARE	26	61	1,712.57	28.07	.012	65.87	.35
OPHTHALMOLOGICAL SERVICES	16	18	736.48	40.92	.004	46.03	.15
EXAMINATIONS	16	18	736.48	40.92	.004	46.03	.15
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	29	181	16,249.87	89.78	.037	560.34	3.29
PRINCIPAL SURGEON	20	54	12,823.36	237.47	.011	641.17	2.60
ASSISTANT SURGEON	3	3	409.38	136.46	.001	136.46	.08
ANESTHESIOLOGIST	11	124	3,017.13	24.33	.025	274.28	.61
OUTPATIENT SURGERY	67	126	9,131.49	72.47	.026	136.29	1.85
PRINCIPAL SURGEON	56	62	7,279.86	117.42	.013	130.00	1.47
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	13	64	1,851.63	28.93	.013	142.43	.37
DIALYSIS	1	1	225.04	225.04	.000	225.04	.05
PATHOLOGY	77	125	1,874.40	15.00	.025	24.34	.38
RADIOLOGY	162	289	9,762.71	33.78	.058	60.26	1.98
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	10	43	441.27	10.26	.009	44.13	.09
OTHER SERVICES/ALL X-OVERS	295	663	14,127.80	21.31	.134	47.89	2.86
@PHARMACY	8,008	33,383	\$ 3,301,637.08	\$ 98.90	6.756	\$ 412.29	\$ 668.21
PRESCRIPTION DRUGS	7,970	18,585	3,280,595.20	176.52	3.761	411.62	663.95
SNF/ICF	539	1,923	330,522.74	171.88	.389	613.21	66.89
OUTPATIENTS	7,492	16,662	2,950,072.46	177.05	3.372	393.76	597.06
MEDICAL SUPPLIES	124	14,798	21,041.88	1.42	2.995	169.69	4.26
@DENTIST	9,542	47,611	\$ 1,496,471.83	\$ 31.43	9.636	\$ 156.83	\$ 302.87
VISITS - DIAGNOSTIC	6,726	33,013	403,952.48	12.24	6.681	60.06	81.76
ORAL SURGERY	1,279	2,787	139,561.50	50.08	.564	109.12	28.25

DRUGS	41	42	975.00	23.21	.009	23.78	.20
ANESTHESIA	4	5	300.00	60.00	.001	75.00	.06
PERIODONTICS	556	603	55,975.20	92.83	.122	100.67	11.33
ENDODONTICS	773	1,323	240,822.25	182.03	.268	311.54	48.74
RESTORATIVE DENTISTRY	2,891	7,584	450,630.01	59.42	1.535	155.87	91.20
PROSTHETICS	85	97	2,662.50	27.45	.020	31.32	.54
DENTURES, STAYPLATES	552	1,670	178,398.80	106.83	.338	323.19	36.11
SPACE MAINTAINERS	40	60	5,803.00	96.72	.012	145.08	1.17
MAXILLOFACIAL SERVICES	10	10	826.09	82.61	.002	82.61	.17
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	184	219	15,665.00	71.53	.044	85.14	3.17
ALL OTHER SERVICES	191	198	900.00	4.55	.040	4.71	.18

#CALIF DEPT OF HEALTH SERV MEDICAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,010
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
YOLO COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - TOTAL

4,941 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	250	670	\$ 14,260.15	\$ 21.28	.136	\$ 57.04	\$ 2.89
DIAGNOSTIC AND ANC. PROCED	111	116	4,817.69	41.53	.023	43.40	.98
EYE APPLIANCES	209	541	9,253.47	17.10	.109	44.27	1.87
OTHER OPTOMETRIC SERVICES	6	13	188.99	14.54	.003	31.50	.04
@CHIROPRACTOR	1	2	\$ 33.44	\$ 16.72	.000	\$ 33.44	\$.01
VISITS	1	2	33.44	16.72	.000	33.44	.01
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	11	18	\$ 464.31	\$ 25.80	.004	\$ 42.21	\$.09
MEDICINE/INJECTIONS	7	8	302.67	37.83	.002	43.24	.06
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	1	2	34.60	17.30	.000	34.60	.01
OTHER	4	8	127.04	15.88	.002	31.76	.03
@HOME HEALTH AGENCY	11	543	\$ 16,982.28	\$ 31.27	.110	\$ 1543.84	\$ 3.44
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00

NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	10	23	\$	337.23	\$	14.66	.005	\$	33.72	\$	.07
@TOTAL HOSPITAL	544	1,866	\$	317,125.33	\$	169.95	.378	\$	582.95	\$	64.18
HOSP INPATIENT TOTAL	66	168		273,253.69		1626.51	.034		4140.21		55.30
HSC HOSPITALS	24	78		109,651.34		1405.79	.016		4568.81		22.19
NON-HSC HOSPITAL TOTAL	12	90		141,653.33		1573.93	.018		11804.44		28.67
ACCOMMODATIONS	12	90		51,758.92		575.10	.018		4313.24		10.48
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	12	90		51,758.92		575.10	.018		4313.24		10.48
ANCILLARIES	12	0		89,894.41		.00	.000		7491.20		18.19
INPATIENT CROSSOVERS	30	0		21,949.02		.00	.000		731.63		4.44
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	487	1,698		43,871.64		25.84	.344		90.09		8.88
MEDICAL	92	121		4,821.23		39.84	.024		52.40		.98
SURGERY	28	33		1,461.45		44.29	.007		52.19		.30
PATHOLOGY	154	661		6,374.46		9.64	.134		41.39		1.29
RADIOLOGY	93	144		8,963.46		62.25	.029		96.38		1.81
ROOM USE	263	325		12,624.39		38.84	.066		48.00		2.56
CROSSOVERS/ALL OTH OUTPTNT	188	414		9,626.65		23.25	.084		51.21		1.95
@COUNTY HOSPITAL TOTAL	19	52	\$	1,750.47	\$	33.66	.011	\$	92.13	\$	.35
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	19	52		1,750.47		33.66	.011		92.13		.35
MEDICAL	17	18		520.92		28.94	.004		30.64		.11
SURGERY	2	2		105.93		52.97	.000		52.97		.02
PATHOLOGY	5	7		80.95		11.56	.001		16.19		.02
RADIOLOGY	2	2		63.57		31.79	.000		31.79		.01
ROOM USE	18	22		971.55		44.16	.004		53.98		.20
CROSSOVERS/ALL OTH OUTPTNT	1	1		7.55		7.55	.000		7.55		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,011
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
YOLO COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - TOTAL

						----- MONTHLY AVERAGE -----		
4,941 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	527	1,814	\$ 315,374.86	\$ 173.86	.367	\$ 598.43	\$ 63.83	
COMM HOSP INPATIENT TOTAL	66	168	273,253.69	1626.51	.034	4140.21	55.30	
HSC HOSPITALS	24	78	109,651.34	1405.79	.016	4568.81	22.19	
NON-HSC HOSPITALS TOTAL	12	90	141,653.33	1573.93	.018	11804.44	28.67	
ACCOMMODATIONS	12	90	51,758.92	575.10	.018	4313.24	10.48	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	12	90	51,758.92	575.10	.018	4313.24	10.48	
ANCILLARIES	12	0	89,894.41	.00	.000	7491.20	18.19	
INPATIENT CROSSOVERS	30	0	21,949.02	.00	.000	731.63	4.44	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	

COMM HOSP OUTPATIENT TOTAL	470	1,646		42,121.17	25.59	.333	89.62	8.52
MEDICAL	75	103		4,300.31	41.75	.021	57.34	.87
SURGERY	26	31		1,355.52	43.73	.006	52.14	.27
PATHOLOGY	149	654		6,293.51	9.62	.132	42.24	1.27
RADIOLOGY	91	142		8,899.89	62.68	.029	97.80	1.80
ROOM USE	247	303		11,652.84	38.46	.061	47.18	2.36
CROSSOVERS/ALL OTH OUTPTNT	187	413		9,619.10	23.29	.084	51.44	1.95
@STATE HOSPITAL	20	610	\$	416,351.31	\$ 682.54	.123	\$ 20817.57	\$ 84.26
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	20	610		416,351.31	682.54	.123	20817.57	84.26
@NURSING FACILITY	72	1,644	\$	212,085.92	\$ 129.01	.333	\$ 2945.64	\$ 42.92
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	35	1,166		146,123.12	125.32	.236	4174.95	29.57
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	2	28		16,209.99	578.93	.006	8105.00	3.28
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	35	450		49,752.81	110.56	.091	1421.51	10.07
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	7	44	\$	3,806.37	\$ 86.51	.009	\$ 543.77	\$.77
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	7	44		3,806.37	86.51	.009	543.77	.77
@REHABILITATION FACILITY	22	151	\$	2,973.27	\$ 19.69	.031	\$ 135.15	\$.60
HOSPITAL BASED	7	54		1,395.02	25.83	.011	199.29	.28
INDEPENDENT FACILITY	15	97		1,578.25	16.27	.020	105.22	.32
@LABORATORY FACILITY	205	607	\$	7,027.07	\$ 11.58	.123	\$ 34.28	\$ 1.42
PATHOLOGY	205	607		7,027.07	11.58	.123	34.28	1.42
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	748	1,435	\$	155,319.66	\$ 108.24	.290	\$ 207.65	\$ 31.43
CLINIC	72	432		8,460.19	19.58	.087	117.50	1.71
SURGICENTER	5	29		1,017.10	35.07	.006	203.42	.21
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	671	974		145,842.37	149.74	.197	217.35	29.52

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,012
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
YOLO COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - TOTAL

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
4,941 ELIGIBLES							
@ALL OTHER PROVIDERS	9,694	128,502	\$ 1,905,075.60	\$ 14.83	26.007	\$ 196.52	\$ 385.56
DURABLE MED. EQUIP.	29	90	16,927.37	188.08	.018	583.70	3.43
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	58	1,651	9,234.25	5.59	.334	159.21	1.87
AMBULANCES/AIR TRANS	48	656	6,868.15	10.47	.133	143.09	1.39
OTHER TRANS	8	1,298	2,399.21	1.85	.263	299.90	.49
OTHER SERVICES	2	303CR	33.11CR	.11	.061CR	16.56CR	.01CR
ACUPUNCTURE	1	1	16.22	16.22	.000	16.22	.00
ADULT DAY HEALTH CARE CTR	1,126	14,763	1,027,251.42	69.58	2.988	912.30	207.90
GENETIC DISEASE TESTING	51	51	5,355.00	105.00	.010	105.00	1.08
IHMC,MODEL-NF,NF,AIDS,MSSP	159	12,607	385,692.19	30.59	2.552	2425.74	78.06
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	2,086	4,620	45,643.12	9.88	.935	21.88	9.24
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00

PORTABLE X-RAY	4	12	64.14	5.35	.002	16.04	.01
PROSTHETIST/ORTHOTISTS	5	7	380.82	54.40	.001	76.16	.08
PROSTHETICS	5	7	380.82	54.40	.001	76.16	.08
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	28	49	2,583.89	52.73	.010	92.28	.52
SPEECH AND AUDIOLOGY	3	15	581.65	38.78	.003	193.88	.12
HOSPICE SERVICES	2	48	5,453.76	113.62	.010	2726.88	1.10
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	6,171	43,842	331,762.21	7.57	8.873	53.76	67.14
EPSDT SUPPLEMENTAL SERVICE	19	2,234	63,786.71	28.55	.452	3357.20	12.91
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	77	48,512	10,342.85	.21	9.818	134.32	2.09
@CALIF. CHILDREN SERVICES*	102	1,167	\$ 92,364.85	\$ 79.15	.236	\$ 905.54	\$ 18.69
@XOVER EXCLUDING STATE HOSP**	287	873	\$ 33,712.00	\$ 38.62	.177	\$ 117.46	\$ 6.82

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 18,013
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
YOLO COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - AGED	AID CODE 14 1H 1U 1X

211 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	646	3,031	\$ 186,129.32	\$ 61.41	14.365	\$ 288.13	\$ 882.13
@PHYSICIANS SERVICES	24	58	\$ 1,813.55	\$ 31.27	.275	\$ 75.56	\$ 8.60
OUTPATIENT VISITS	7	7	468.04	66.86	.033	66.86	2.22
OFFICE VISITS	3	3	99.20	33.07	.014	33.07	.47
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	4	4	368.84	92.21	.019	92.21	1.75
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	2	2	74.40	37.20	.009	37.20	.35
HOSPITAL VISITS	2	2	74.40	37.20	.009	37.20	.35
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	2	14	335.40	23.96	.066	167.70	1.59
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	14	335.40	23.96	.066	167.70	1.59
OUTPATIENT SURGERY	2	2	305.85	152.93	.009	152.93	1.45
PRINCIPAL SURGEON	2	2	305.85	152.93	.009	152.93	1.45
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	4	155.33	38.83	.019	155.33	.74
RADIOLOGY	8	18	199.76	11.10	.085	24.97	.95
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	10	11	274.77	24.98	.052	27.48	1.30
@PHARMACY	138	253	\$ 25,684.58	\$ 101.52	1.199	\$ 186.12	\$ 121.73
PRESCRIPTION DRUGS	138	252	25,672.54	101.88	1.194	186.03	121.67

SNF/ICF	1	1		228.42	228.42	.005	228.42	1.08
OUTPATIENTS	137	251		25,444.12	101.37	1.190	185.72	120.59
MEDICAL SUPPLIES	1	1		12.04	12.04	.005	12.04	.06
@DENTIST	290	1,493	\$	54,202.50	\$ 36.30	7.076	\$ 186.91	\$ 256.88
VISITS - DIAGNOSTIC	187	962		9,342.50	9.71	4.559	49.96	44.28
ORAL SURGERY	45	104		5,364.00	51.58	.493	119.20	25.42
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	16	18		1,657.00	92.06	.085	103.56	7.85
ENDODONTICS	12	14		2,869.50	204.96	.066	239.13	13.60
RESTORATIVE DENTISTRY	71	192		11,610.50	60.47	.910	163.53	55.03
PROSTHETICS	5	5		180.00	36.00	.024	36.00	.85
DENTURES, STAYPLATES	70	196		23,179.00	118.26	.929	331.13	109.85
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	2	2		.00	.00	.009	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,014
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
YOLO COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - AGED AID CODE 14 1H 1U 1X

211 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	11	37	\$ 766.86	\$ 20.73	.175	\$ 69.71	\$ 3.63
DIAGNOSTIC AND ANC. PROCED	6	6	284.70	47.45	.028	47.45	1.35
EYE APPLIANCES	10	31	482.16	15.55	.147	48.22	2.29
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	.00	.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	19	75	\$ 40,728.41	\$ 543.05	.355	\$ 2143.60	\$ 193.03
HOSP INPATIENT TOTAL	5	18	39,693.84	2205.21	.085	7938.77	188.12
HSC HOSPITALS	1	2	2,580.00	1290.00	.009	2580.00	12.23
NON-HSC HOSPITAL TOTAL	4	16	37,113.84	2319.62	.076	9278.46	175.89
ACCOMMODATIONS	4	16	7,313.50	457.09	.076	1828.38	34.66
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	4	16	7,313.50	457.09	.076	1828.38	34.66
ANCILLARIES	4	0	29,800.34	.00	.000	7450.09	141.23
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	14	57	1,034.57	18.15	.270	73.90	4.90
MEDICAL	3	4	145.52	36.38	.019	48.51	.69
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	10	36	427.38	11.87	.171	42.74	2.03

RADIOLOGY	4	5	213.20	42.64	.024	53.30	1.01
ROOM USE	3	4	157.34	39.34	.019	52.45	.75
CROSSOVERS/ALL OTH OUTPTNT	4	8	91.13	11.39	.038	22.78	.43
@COUNTY HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 18,015
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
YOLO COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - AGED AID CODE 14 1H 1U 1X						

211 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	19	75	\$ 40,728.41	\$ 543.05	.355	\$ 2143.60	\$ 193.03
COMM HOSP INPATIENT TOTAL	5	18	39,693.84	2205.21	.085	7938.77	188.12
HSC HOSPITALS	1	2	2,580.00	1290.00	.009	2580.00	12.23
NON-HSC HOSPITALS TOTAL	4	16	37,113.84	2319.62	.076	9278.46	175.89
ACCOMMODATIONS	4	16	7,313.50	457.09	.076	1828.38	34.66

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	4	16	7,313.50	457.09	.076	1828.38	34.66
ANCILLARIES	4	0	29,800.34	.00	.000	7450.09	141.23
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	14	57	1,034.57	18.15	.270	73.90	4.90
MEDICAL	3	4	145.52	36.38	.019	48.51	.69
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	10	36	427.38	11.87	.171	42.74	2.03
RADIOLOGY	4	5	213.20	42.64	.024	53.30	1.01
ROOM USE	3	4	157.34	39.34	.019	52.45	.75
CROSSOVERS/ALL OTH OUTPTNT	4	8	91.13	11.39	.038	22.78	.43
@STATE HOSPITAL	0	0	.00	.00	.000	.00	.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	1	32	4,010.24	125.32	.152	4010.24	19.01
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	1	32	4,010.24	125.32	.152	4010.24	19.01
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	.00	.00	.000	.00	.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	1	14	103.06	7.36	.066	103.06	.49
PATHOLOGY	1	14	103.06	7.36	.066	103.06	.49
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	18	30	3,532.11	117.74	.142	196.23	16.74
CLINIC	1	4	80.76	20.19	.019	80.76	.38
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	17	26	3,451.35	132.74	.123	203.02	16.36

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,016
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
YOLO COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - AGED AID CODE 14 1H 1U 1X

211 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	189	1,039	\$ 55,288.01	\$ 53.21	4.924	\$ 292.53	\$ 262.03
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	2	17	190.29	11.19	.081	95.15	.90
AMBULANCES/AIR TRANS	1	8	149.38	18.67	.038	149.38	.71
OTHER TRANS	1	9	40.91	4.55	.043	40.91	.19
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	1	2	32.44	16.22	.009	32.44	.15

ADULT DAY HEALTH CARE CTR	58	738	51,367.44	69.60	3.498	885.65	243.45
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	2	4	480.00	120.00	.019	240.00	2.27
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	125	277	3,209.65	11.59	1.313	25.68	15.21
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	1	8.19	8.19	.005	8.19	.04
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	4	4	\$ 23.10	\$ 5.78	.019	\$ 5.78	\$.11

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 18,017
MOPO24	FEE-FOR-SERVICE/DENTAL	03/14/05
YOLO COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - BLIND	AID CODE 24

05 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----		
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER
@TOTAL, ALL PROVIDERS	17	47	\$ 2,504.75	\$ 53.29	9.400	\$ 147.34
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00
OFFICE VISITS	0	0	.00	.00	.000	.00
HOME VISITS	0	0	.00	.00	.000	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00
CRITICAL CARE	0	0	.00	.00	.000	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00
EXAMINATIONS	0	0	.00	.00	.000	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00
DIALYSIS	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00

RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	5	7	\$ 1,032.66	\$ 147.52	1.400	\$ 206.53	\$ 206.53
PRESCRIPTION DRUGS	5	7	1,032.66	147.52	1.400	206.53	206.53
SNF/ICF	2	3	278.86	92.95	.600	139.43	55.77
OUTPATIENTS	4	4	753.80	188.45	.800	188.45	150.76
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	9	33	\$ 1,406.00	\$ 42.61	6.600	\$ 156.22	\$ 281.20
VISITS - DIAGNOSTIC	3	22	295.00	13.41	4.400	98.33	59.00
ORAL SURGERY	1	1	45.00	45.00	.200	45.00	9.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	6	7	436.00	62.29	1.400	72.67	87.20
ENDODONTICS	1	1	215.00	215.00	.200	215.00	43.00
RESTORATIVE DENTISTRY	1	2	415.00	207.50	.400	415.00	83.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						
MOPO24	FEE-FOR-SERVICE/DENTAL						
YOLO COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - BLIND						
	AID CODE 24						

PAGE 18,018
03/14/05

05 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,019
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
YOLO COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - BLIND AID CODE 24

05 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00

LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,020
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
YOLO COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - BLIND AID CODE 24

05 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	4	7	\$ 66.09	\$ 9.44	1.400	\$ 16.52	\$ 13.22
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	3	6	57.36	9.56	1.200	19.12	11.47
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	1	8.73	8.73	.200	8.73	1.75
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	1	1	8.73	8.73	.200	8.73	1.75

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
MOP024 FEE-FOR-SERVICE/DENTAL
YOLO COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G

PAGE 18,021
03/14/05

						----- MONTHLY AVERAGE -----		
101 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	1,099	20,706	\$ 452,002.05	\$ 21.83	205.010	\$ 411.28	\$ 4475.27	
@PHYSICIANS SERVICES	11	16	\$ 517.24	\$ 32.33	.158	\$ 47.02	\$ 5.12	
OUTPATIENT VISITS	2	2	68.73	34.37	.020	34.37	.68	
OFFICE VISITS	0	0	.00	.00	.000	.00	.00	
HOME VISITS	0	0	.00	.00	.000	.00	.00	
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00	
OTHER OUTPATIENT	2	2	68.73	34.37	.020	34.37	.68	
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00	
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00	
CRITICAL CARE	0	0	.00	.00	.000	.00	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00	

OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	1	2	301.34	150.67	.020	301.34	2.98
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	8	12	147.17	12.26	.119	18.40	1.46
@PHARMACY	545	1,302	\$ 307,276.26	\$ 236.00	12.891	\$ 563.81	\$ 3042.34
PRESCRIPTION DRUGS	545	1,300	307,170.64	236.29	12.871	563.62	3041.29
SNF/ICF	5	24	4,041.33	168.39	.238	808.27	40.01
OUTPATIENTS	541	1,276	303,129.31	237.56	12.634	560.31	3001.28
MEDICAL SUPPLIES	1	2	105.62	52.81	.020	105.62	1.05
@DENTIST	322	1,656	\$ 56,707.25	\$ 34.24	16.396	\$ 176.11	\$ 561.46
VISITS - DIAGNOSTIC	223	1,121	11,191.25	9.98	11.099	50.18	110.80
ORAL SURGERY	42	108	4,777.00	44.23	1.069	113.74	47.30
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	1	1	100.00	100.00	.010	100.00	.99
PERIODONTICS	35	44	3,406.00	77.41	.436	97.31	33.72
ENDODONTICS	31	62	9,285.00	149.76	.614	299.52	91.93
RESTORATIVE DENTISTRY	86	219	17,341.00	79.18	2.168	201.64	171.69
PROSTHETICS	6	6	90.00	15.00	.059	15.00	.89
DENTURES, STAYPLATES	27	65	10,517.00	161.80	.644	389.52	104.13
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	10	30	.00	.00	.297	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,022
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
YOLO COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G

101 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	12	29	\$ 485.06	\$ 16.73	.287	\$ 40.42	\$ 4.80
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	12	29	485.06	16.73	.287	40.42	4.80
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	8	8	\$ 4,408.46	\$ 551.06	.079	\$ 551.06	\$ 43.65
HOSP INPATIENT TOTAL	6	0	4,372.76	.00	.000	728.79	43.29
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00

NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	6	0	4,372.76	.00	.000	728.79	43.29
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	2	8	35.70	4.46	.079	17.85	.35
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	2	8	35.70	4.46	.079	17.85	.35
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 18,023
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
YOLO COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G						

101 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	8	8	\$ 4,408.46	\$ 551.06	.079	\$ 551.06	\$ 43.65
COMM HOSP INPATIENT TOTAL	6	0	4,372.76	.00	.000	728.79	43.29
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	6	0	4,372.76	.00	.000	728.79	43.29
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	2	8	35.70	4.46	.079	17.85	.35
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

CROSSOVERS/ALL OTH OUTPTNT	2	8		35.70	4.46	.079	17.85	.35
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	2	4	\$	919.41	\$ 229.85	.040	\$ 459.71	\$ 9.10
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	2	4		919.41	229.85	.040	459.71	9.10
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	5	19	\$	556.26	\$ 29.28	.188	\$ 111.25	\$ 5.51
CLINIC	2	16		307.68	19.23	.158	153.84	3.05
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	3	3		248.58	82.86	.030	82.86	2.46

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,024
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
YOLO COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G

101 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----				
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	296	17,672	\$ 81,132.11	\$ 4.59	174.970	\$ 274.09	\$ 803.29	
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00	
MEDICAL TRANSPORTATION	1	1	42.64	42.64	.010	42.64	.42	
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00	
OTHER TRANS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	1	1	42.64	42.64	.010	42.64	.42	
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00	
ADULT DAY HEALTH CARE CTR	21	294	20,456.52	69.58	2.911	974.12	202.54	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	4	21	559.99	26.67	.208	140.00	5.54	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	83	183	1,901.04	10.39	1.812	22.90	18.82	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00	
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	.00	
ORTHOTICS	0	0	.00	.00	.000	.00	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00	
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00	

HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	183	17,162	57,987.43	3.38	169.921	316.87	574.13
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	5	11	184.49	16.77	.109	36.90	1.83
@CALIF. CHILDREN SERVICES*	2	2	\$ 68.73	\$ 34.37	.020	\$ 34.37	\$.68
@XOVER EXCLUDING STATE HOSP**	23	36	\$ 5,701.62	\$ 158.38	.356	\$ 247.90	\$ 56.45

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 18,025
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
YOLO COUNTY	SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J 7J 7K	

26,263 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	14,397	68,838	\$ 2,593,895.65	\$ 37.68	2.621	\$ 180.17	\$ 98.77
@PHYSICIANS SERVICES	1,126	3,435	\$ 183,177.66	\$ 53.33	.131	\$ 162.68	\$ 6.97
OUTPATIENT VISITS	517	1,170	40,062.50	34.24	.045	77.49	1.53
OFFICE VISITS	105	132	6,167.34	46.72	.005	58.74	.23
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	208	217	12,781.10	58.90	.008	61.45	.49
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	217	814	20,944.31	25.73	.031	96.52	.80
OTHER OUTPATIENT	7	7	169.75	24.25	.000	24.25	.01
INPATIENT VISITS	90	232	16,245.80	70.03	.009	180.51	.62
HOSPITAL VISITS	81	160	7,128.68	44.55	.006	88.01	.27
CRITICAL CARE	13	72	9,117.12	126.63	.003	701.32	.35
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	3	3	138.01	46.00	.000	46.00	.01

EXAMINATIONS	3	3	138.01	46.00	.000	46.00	.01
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	148	584	76,891.26	131.66	.022	519.54	2.93
PRINCIPAL SURGEON	84	90	60,093.32	667.70	.003	715.40	2.29
ASSISTANT SURGEON	19	19	3,530.42	185.81	.001	185.81	.13
ANESTHESIOLOGIST	70	475	13,267.52	27.93	.018	189.54	.51
OUTPATIENT SURGERY	85	170	9,913.44	58.31	.006	116.63	.38
PRINCIPAL SURGEON	75	110	8,275.09	75.23	.004	110.33	.32
ASSISTANT SURGEON	1	1	107.22	107.22	.000	107.22	.00
ANESTHESIOLOGIST	11	59	1,531.13	25.95	.002	139.19	.06
DIALYSIS	2	3	618.86	206.29	.000	309.43	.02
PATHOLOGY	174	548	7,569.91	13.81	.021	43.51	.29
RADIOLOGY	420	550	25,788.68	46.89	.021	61.40	.98
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	8	14	437.66	31.26	.001	54.71	.02
OTHER SERVICES/ALL X-OVERS	107	161	5,511.54	34.23	.006	51.51	.21
@PHARMACY	1,109	1,889	\$ 129,758.16	\$ 68.69	.072	\$ 117.00	\$ 4.94
PRESCRIPTION DRUGS	1,091	1,800	122,830.34	68.24	.069	112.59	4.68
SNF/ICF	1	3	267.67	89.22	.000	267.67	.01
OUTPATIENTS	1,091	1,797	122,562.67	68.20	.068	112.34	4.67
MEDICAL SUPPLIES	44	89	6,927.82	77.84	.003	157.45	.26
@DENTIST	6,600	33,713	\$ 928,022.85	\$ 27.53	1.284	\$ 140.61	\$ 35.34
VISITS - DIAGNOSTIC	4,906	23,912	287,164.80	12.01	.910	58.53	10.93
ORAL SURGERY	817	1,438	72,103.35	50.14	.055	88.25	2.75
DRUGS	40	42	900.00	21.43	.002	22.50	.03
ANESTHESIA	2	2	200.00	100.00	.000	100.00	.01
PERIODONTICS	333	358	32,421.10	90.56	.014	97.36	1.23
ENDODONTICS	594	1,018	155,397.25	152.65	.039	261.61	5.92
RESTORATIVE DENTISTRY	2,311	5,943	324,449.15	54.59	.226	140.39	12.35
PROSTHETICS	47	53	1,730.00	32.64	.002	36.81	.07
DENTURES, STAYPLATES	93	448	27,647.10	61.71	.017	297.28	1.05
SPACE MAINTAINERS	42	52	5,505.10	105.87	.002	131.07	.21
MAXILLOFACIAL SERVICES	5	5	200.00	40.00	.000	40.00	.01
FRACTURES, DISLOCATIONS	1	1	1,200.00	1200.00	.000	1200.00	.05
ORTHODONTIC SERVICES	202	266	17,830.00	67.03	.010	88.27	.68
ALL OTHER SERVICES	173	175	1,275.00	7.29	.007	7.37	.05

#CALIF DEPT OF HEALTH SERV MOP024 YOLO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J 7J 7K

PAGE 18,026
03/14/05

26,263 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	72	170	\$ 3,407.66	\$ 20.05	.006	\$ 47.33	\$.13
DIAGNOSTIC AND ANC. PROCED	27	30	1,265.13	42.17	.001	46.86	.05
EYE APPLIANCES	64	140	2,142.53	15.30	.005	33.48	.08
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	2	4	\$ 264.03	\$ 66.01	.000	\$ 132.02	\$.01
NURSE ANESTHESIST	2	14	\$ 300.65	\$ 21.48	.001	\$ 150.33	\$.01

NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	854	3,576	\$	857,749.81	\$	239.86	.136	\$	1004.39	\$	32.66
HOSP INPATIENT TOTAL	198	676		787,920.45		1165.56	.026		3979.40		30.00
HSC HOSPITALS	56	187		249,842.42		1336.06	.007		4461.47		9.51
NON-HSC HOSPITAL TOTAL	144	489		538,078.03		1100.36	.019		3736.65		20.49
ACCOMMODATIONS	144	489		165,190.83		337.81	.019		1147.16		6.29
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	144	489		165,190.83		337.81	.019		1147.16		6.29
ANCILLARIES	143	0		372,887.20		.00	.000		2607.60		14.20
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	744	2,900		69,829.36		24.08	.110		93.86		2.66
MEDICAL	84	101		2,666.50		26.40	.004		31.74		.10
SURGERY	97	170		4,933.48		29.02	.006		50.86		.19
PATHOLOGY	337	1,336		15,116.39		11.31	.051		44.86		.58
RADIOLOGY	223	299		18,328.63		61.30	.011		82.19		.70
ROOM USE	357	445		17,318.51		38.92	.017		48.51		.66
CROSSOVERS/ALL OTH OUTPTNT	332	549		11,465.85		20.88	.021		34.54		.44
@COUNTY HOSPITAL TOTAL	8	19	\$	6,065.04	\$	319.21	.001	\$	758.13	\$	.23
CO HOSPITAL INPATIENT TOTAL	2	4		5,406.04		1351.51	.000		2703.02		.21
HSC HOSPITALS	2	4		5,406.04		1351.51	.000		2703.02		.21
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	7	15		659.00		43.93	.001		94.14		.03
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	1	1		81.07		81.07	.000		81.07		.00
PATHOLOGY	1	6		50.74		8.46	.000		50.74		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	2	4		252.37		63.09	.000		126.19		.01
CROSSOVERS/ALL OTH OUTPTNT	4	4		274.82		68.71	.000		68.71		.01

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,027
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
YOLO COUNTY SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J 7J 7K

	26,263 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	849	3,557	\$	851,684.77	\$ 239.44	.135	\$ 1003.16	\$ 32.43
COMM HOSP INPATIENT TOTAL	196	672		782,514.41	1164.46	.026	3992.42	29.80
HSC HOSPITALS	54	183		244,436.38	1335.72	.007	4526.60	9.31
NON-HSC HOSPITALS TOTAL	144	489		538,078.03	1100.36	.019	3736.65	20.49
ACCOMMODATIONS	144	489		165,190.83	337.81	.019	1147.16	6.29
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	144	489		165,190.83	337.81	.019	1147.16	6.29
ANCILLARIES	143	0		372,887.20	.00	.000	2607.60	14.20
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00

COMM HOSP OUTPATIENT TOTAL	740	2,885		69,170.36	23.98	.110	93.47	2.63
MEDICAL	84	101		2,666.50	26.40	.004	31.74	.10
SURGERY	96	169		4,852.41	28.71	.006	50.55	.18
PATHOLOGY	337	1,330		15,065.65	11.33	.051	44.71	.57
RADIOLOGY	223	299		18,328.63	61.30	.011	82.19	.70
ROOM USE	356	441		17,066.14	38.70	.017	47.94	.65
CROSSOVERS/ALL OTH OUTPTNT	328	545		11,191.03	20.53	.021	34.12	.43
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	6	95	\$	12,957.05	\$ 136.39	.004	\$ 2159.51	\$.49
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	6	95		12,957.05	136.39	.004	2159.51	.49
@REHABILITATION FACILITY	15	226	\$	3,532.84	\$ 15.63	.009	\$ 235.52	\$.13
HOSPITAL BASED	2	3		72.91	24.30	.000	36.46	.00
INDEPENDENT FACILITY	13	223		3,459.93	15.52	.008	266.15	.13
@LABORATORY FACILITY	609	1,541	\$	22,806.85	\$ 14.80	.059	\$ 37.45	\$.87
PATHOLOGY	609	1,541		22,806.85	14.80	.059	37.45	.87
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	1,282	7,479	\$	262,741.07	\$ 35.13	.285	\$ 204.95	\$ 10.00
CLINIC	830	6,863		181,719.69	26.48	.261	218.94	6.92
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	452	616		81,021.38	131.53	.023	179.25	3.09

#CALIF DEPT OF HEALTH SERV MOP024 YOLO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
 FEE-FOR-SERVICE/DENTAL
 SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J 7J 7K

	26,263 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	4,786	16,696	\$	189,177.02	\$ 11.33	.636	\$ 39.53	\$ 7.20
DURABLE MED. EQUIP.	3	6		216.54	36.09	.000	72.18	.01
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	55	406		7,924.53	19.52	.015	144.08	.30
AMBULANCES/AIR TRANS	54	405		6,124.53	15.12	.015	113.42	.23
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	1	1		1,800.00	1800.00	.000	1800.00	.07
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	164	164		17,220.00	105.00	.006	105.00	.66
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	903	1,904		17,167.77	9.02	.072	19.01	.65
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00

----- MONTHLY AVERAGE -----

PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	1	61.00	61.00	.000	61.00	.00
PROSTHETICS	1	1	61.00	61.00	.000	61.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	1	2	113.97	56.99	.000	113.97	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	3,687	14,212	146,465.20	10.31	.541	39.72	5.58
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	1	8.01	8.01	.000	8.01	.00
@CALIF. CHILDREN SERVICES*	74	1,664	\$ 65,146.80	\$ 39.15	.063	\$ 880.36	\$ 2.48
@XOVER EXCLUDING STATE HOSP**	5	8	\$ 2,625.45	\$ 328.18	.000	\$ 525.09	\$.10

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 18,029
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
YOLO COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - TOTAL	

26,580 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	16,159	92,622	\$ 3,234,531.77	\$ 34.92	3.485	\$ 200.17	\$ 121.69
@PHYSICIANS SERVICES	1,161	3,509	\$ 185,508.45	\$ 52.87	.132	\$ 159.78	\$ 6.98
OUTPATIENT VISITS	526	1,179	40,599.27	34.44	.044	77.18	1.53
OFFICE VISITS	108	135	6,266.54	46.42	.005	58.02	.24
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	212	221	13,149.94	59.50	.008	62.03	.49
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	217	814	20,944.31	25.73	.031	96.52	.79
OTHER OUTPATIENT	9	9	238.48	26.50	.000	26.50	.01
INPATIENT VISITS	92	234	16,320.20	69.74	.009	177.39	.61
HOSPITAL VISITS	83	162	7,203.08	44.46	.006	86.78	.27
CRITICAL CARE	13	72	9,117.12	126.63	.003	701.32	.34
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	3	3	138.01	46.00	.000	46.00	.01
EXAMINATIONS	3	3	138.01	46.00	.000	46.00	.01
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	150	598	77,226.66	129.14	.022	514.84	2.91
PRINCIPAL SURGEON	84	90	60,093.32	667.70	.003	715.40	2.26
ASSISTANT SURGEON	19	19	3,530.42	185.81	.001	185.81	.13
ANESTHESIOLOGIST	72	489	13,602.92	27.82	.018	188.93	.51
OUTPATIENT SURGERY	87	172	10,219.29	59.41	.006	117.46	.38
PRINCIPAL SURGEON	77	112	8,580.94	76.62	.004	111.44	.32
ASSISTANT SURGEON	1	1	107.22	107.22	.000	107.22	.00
ANESTHESIOLOGIST	11	59	1,531.13	25.95	.002	139.19	.06
DIALYSIS	2	3	618.86	206.29	.000	309.43	.02
PATHOLOGY	175	552	7,725.24	14.00	.021	44.14	.29
RADIOLOGY	429	570	26,289.78	46.12	.021	61.28	.99
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	8	14	437.66	31.26	.001	54.71	.02
OTHER SERVICES/ALL X-OVERS	125	184	5,933.48	32.25	.007	47.47	.22
@PHARMACY	1,797	3,451	\$ 463,751.66	\$ 134.38	.130	\$ 258.07	\$ 17.45
PRESCRIPTION DRUGS	1,779	3,359	456,706.18	135.96	.126	256.72	17.18

SNF/ICF	9	31	4,816.28	155.36	.001	535.14	.18
OUTPATIENTS	1,773	3,328	451,889.90	135.78	.125	254.87	17.00
MEDICAL SUPPLIES	46	92	7,045.48	76.58	.003	153.16	.27
@DENTIST	7,221	36,895	\$ 1,040,338.60	\$ 28.20	1.388	\$ 144.07	\$ 39.14
VISITS - DIAGNOSTIC	5,319	26,017	307,993.55	11.84	.979	57.90	11.59
ORAL SURGERY	905	1,651	82,289.35	49.84	.062	90.93	3.10
DRUGS	40	42	900.00	21.43	.002	22.50	.03
ANESTHESIA	3	3	300.00	100.00	.000	100.00	.01
PERIODONTICS	390	427	37,920.10	88.81	.016	97.23	1.43
ENDODONTICS	638	1,095	167,766.75	153.21	.041	262.96	6.31
RESTORATIVE DENTISTRY	2,469	6,356	353,815.65	55.67	.239	143.30	13.31
PROSTHETICS	58	64	2,000.00	31.25	.002	34.48	.08
DENTURES, STAYPLATES	190	709	61,343.10	86.52	.027	322.86	2.31
SPACE MAINTAINERS	42	52	5,505.10	105.87	.002	131.07	.21
MAXILLOFACIAL SERVICES	5	5	200.00	40.00	.000	40.00	.01
FRACTURES, DISLOCATIONS	1	1	1,200.00	1200.00	.000	1200.00	.05
ORTHODONTIC SERVICES	202	266	17,830.00	67.03	.010	88.27	.67
ALL OTHER SERVICES	185	207	1,275.00	6.16	.008	6.89	.05

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,030
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
YOLO COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - TOTAL

					----- MONTHLY AVERAGE -----			
26,580 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	95	236	\$ 4,659.58	\$ 19.74	.009	\$ 49.05	\$.18	
DIAGNOSTIC AND ANC. PROCED	33	36	1,549.83	43.05	.001	46.96	.06	
EYE APPLIANCES	86	200	3,109.75	15.55	.008	36.16	.12	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00	
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00	
VISITS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	

MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	2	4	\$	264.03	\$ 66.01	.000	\$ 132.02	\$.01
NURSE ANESTHESIST	2	14	\$	300.65	\$ 21.48	.001	\$ 150.33	\$.01
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	881	3,659	\$	902,886.68	\$ 246.76	.138	\$ 1024.84	\$ 33.97
HOSP INPATIENT TOTAL	209	694		831,987.05	1198.83	.026	3980.80	31.30
HSC HOSPITALS	57	189		252,422.42	1335.57	.007	4428.46	9.50
NON-HSC HOSPITAL TOTAL	148	505		575,191.87	1138.99	.019	3886.43	21.64
ACCOMMODATIONS	148	505		172,504.33	341.59	.019	1165.57	6.49
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	148	505		172,504.33	341.59	.019	1165.57	6.49
ANCILLARIES	147	0		402,687.54	.00	.000	2739.37	15.15
INPATIENT CROSSOVERS	6	0		4,372.76	.00	.000	728.79	.16
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	760	2,965		70,899.63	23.91	.112	93.29	2.67
MEDICAL	87	105		2,812.02	26.78	.004	32.32	.11
SURGERY	97	170		4,933.48	29.02	.006	50.86	.19
PATHOLOGY	347	1,372		15,543.77	11.33	.052	44.79	.58
RADIOLOGY	227	304		18,541.83	60.99	.011	81.68	.70
ROOM USE	360	449		17,475.85	38.92	.017	48.54	.66
CROSSOVERS/ALL OTH OUTPTNT	338	565		11,592.68	20.52	.021	34.30	.44
@COUNTY HOSPITAL TOTAL	8	19	\$	6,065.04	\$ 319.21	.001	\$ 758.13	\$.23
CO HOSPITAL INPATIENT TOTAL	2	4		5,406.04	1351.51	.000	2703.02	.20
HSC HOSPITALS	2	4		5,406.04	1351.51	.000	2703.02	.20
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	7	15		659.00	43.93	.001	94.14	.02
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	1	1		81.07	81.07	.000	81.07	.00
PATHOLOGY	1	6		50.74	8.46	.000	50.74	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	2	4		252.37	63.09	.000	126.19	.01
CROSSOVERS/ALL OTH OUTPTNT	4	4		274.82	68.71	.000	68.71	.01

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,031
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
YOLO COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - TOTAL

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
26,580 ELIGIBLES							
@COMMUNITY HOSPITAL TOTAL	876	3,640	\$ 896,821.64	\$ 246.38	.137	\$ 1023.77	\$ 33.74
COMM HOSP INPATIENT TOTAL	207	690	826,581.01	1197.94	.026	3993.14	31.10
HSC HOSPITALS	55	185	247,016.38	1335.22	.007	4491.21	9.29
NON-HSC HOSPITALS TOTAL	148	505	575,191.87	1138.99	.019	3886.43	21.64
ACCOMMODATIONS	148	505	172,504.33	341.59	.019	1165.57	6.49

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	148	505	172,504.33	341.59	.019	1165.57	6.49
ANCILLARIES	147	0	402,687.54	.00	.000	2739.37	15.15
INPATIENT CROSSOVERS	6	0	4,372.76	.00	.000	728.79	.16
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	756	2,950	70,240.63	23.81	.111	92.91	2.64
MEDICAL	87	105	2,812.02	26.78	.004	32.32	.11
SURGERY	96	169	4,852.41	28.71	.006	50.55	.18
PATHOLOGY	347	1,366	15,493.03	11.34	.051	44.65	.58
RADIOLOGY	227	304	18,541.83	60.99	.011	81.68	.70
ROOM USE	359	445	17,223.48	38.70	.017	47.98	.65
CROSSOVERS/ALL OTH OUTPTNT	334	561	11,317.86	20.17	.021	33.89	.43
@STATE HOSPITAL	0	0	.00	.00	.000	.00	.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	1	32	4,010.24	125.32	.001	4010.24	.15
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	1	32	4,010.24	125.32	.001	4010.24	.15
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	.00	.00	.000	.00	.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	8	99	13,876.46	140.17	.004	1734.56	.52
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	8	99	13,876.46	140.17	.004	1734.56	.52
@REHABILITATION FACILITY	15	226	3,532.84	15.63	.009	235.52	.13
HOSPITAL BASED	2	3	72.91	24.30	.000	36.46	.00
INDEPENDENT FACILITY	13	223	3,459.93	15.52	.008	266.15	.13
@LABORATORY FACILITY	610	1,555	22,909.91	14.73	.059	37.56	.86
PATHOLOGY	610	1,555	22,909.91	14.73	.059	37.56	.86
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	1,305	7,528	266,829.44	35.44	.283	204.47	10.04
CLINIC	833	6,883	182,108.13	26.46	.259	218.62	6.85
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	472	645	84,721.31	131.35	.024	179.49	3.19

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,032
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
YOLO COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - TOTAL

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
26,580 ELIGIBLES					----- MONTHLY AVERAGE -----		
@ALL OTHER PROVIDERS	5,275	35,414	\$ 325,663.23	\$ 9.20	1.332	\$ 61.74	\$ 12.25
DURABLE MED. EQUIP.	3	6	216.54	36.09	.000	72.18	.01
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	58	424	8,157.46	19.24	.016	140.65	.31
AMBULANCES/AIR TRANS	55	413	6,273.91	15.19	.016	114.07	.24
OTHER TRANS	1	9	40.91	4.55	.000	40.91	.00
OTHER SERVICES	2	2	1,842.64	921.32	.000	921.32	.07
ACUPUNCTURE	1	2	32.44	16.22	.000	32.44	.00

ADULT DAY HEALTH CARE CTR	79	1,032	71,823.96	69.60	.039	909.16	2.70
GENETIC DISEASE TESTING	164	164	17,220.00	105.00	.006	105.00	.65
IHMC,MODEL-NF,NF,AIDS,MSSP	6	25	1,039.99	41.60	.001	173.33	.04
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1,114	2,370	22,335.82	9.42	.089	20.05	.84
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	1	61.00	61.00	.000	61.00	.00
PROSTHETICS	1	1	61.00	61.00	.000	61.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	1	2	113.97	56.99	.000	113.97	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	3,870	31,374	204,452.63	6.52	1.180	52.83	7.69
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	8	14	209.42	14.96	.001	26.18	.01
@CALIF. CHILDREN SERVICES*	76	1,666	\$ 65,215.53	\$ 39.14	.063	\$ 858.10	\$ 2.45
@XOVER EXCLUDING STATE HOSP**	33	49	\$ 8,358.90	\$ 170.59	.002	\$ 253.30	\$.31

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,033
 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
 YOLO COUNTY SUMMARY OF SERVICES FOR MN - SOC - AGED AID CODE 17 1Y

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	49	185	\$ 9,334.62	\$ 50.46	.000	\$ 190.50	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00

RADIOLOGY	0	0		.00	.00	.000	.00	.00	
PSYCHIATRY	0	0		.00	.00	.000	.00	.00	
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00	
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00	.00	
@PHARMACY	13	20	\$	2,474.07	\$ 123.70	.000	\$ 190.31	\$.00	
PRESCRIPTION DRUGS	13	20		2,474.07	123.70	.000	190.31	.00	
SNF/ICF	9	12		1,754.64	146.22	.000	194.96	.00	
OUTPATIENTS	5	8		719.43	89.93	.000	143.89	.00	
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00	
@DENTIST	26	105	\$	2,941.00	\$ 28.01	.000	\$ 113.12	\$.00	
VISITS - DIAGNOSTIC	14	50		173.00	3.46	.000	12.36	.00	
ORAL SURGERY	9	38		445.00	11.71	.000	49.44	.00	
DRUGS	0	0		.00	.00	.000	.00	.00	
ANESTHESIA	0	0		.00	.00	.000	.00	.00	
PERIODONTICS	2	2		118.00	59.00	.000	59.00	.00	
ENDODONTICS	1	2		430.00	215.00	.000	430.00	.00	
RESTORATIVE DENTISTRY	3	7		830.00	118.57	.000	276.67	.00	
PROSTHETICS	0	0		.00	.00	.000	.00	.00	
DENTURES, STAYPLATES	3	4		945.00	236.25	.000	315.00	.00	
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00	
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00	
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00	
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00	
ALL OTHER SERVICES	3	2		.00	.00	.000	.00	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004								PAGE 18,034
MOPO24	FEE-FOR-SERVICE/DENTAL								03/14/05
YOLO COUNTY	SUMMARY OF SERVICES FOR MN - SOC - AGED								AID CODE 17 1Y

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDICAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,035
 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
 YOLO COUNTY SUMMARY OF SERVICES FOR MN - SOC - AGED AID CODE 17 1Y

00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
----- MONTHLY AVERAGE -----							

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	1	31	\$	2,028.63	\$ 65.44	.000	\$ 2028.63	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	1	31		2,028.63	65.44	.000	2028.63	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,036
 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
 YOLO COUNTY SUMMARY OF SERVICES FOR MN - SOC - AGED AID CODE 17 1Y

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	9	29	\$ 1,890.92	\$ 65.20	.000	\$ 210.10	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	9	29	1,890.92	65.20	.000	210.10	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,037
 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
 YOLO COUNTY SUMMARY OF SERVICES FOR MN - SOC - BLIND AID CODE 27

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00

OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,038
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
YOLO COUNTY SUMMARY OF SERVICES FOR MN - SOC - BLIND AID CODE 27

	00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.00	.000	.00	.00
EYE APPLIANCES	0	0		.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00

NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,039
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
YOLO COUNTY SUMMARY OF SERVICES FOR MN - SOC - BLIND AID CODE 27

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER COST PER PER ELIG USER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000 \$.00 \$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000 .00 .00
HSC HOSPITALS	0	0	.00	.00	.000 .00 .00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000 .00 .00
ACCOMMODATIONS	0	0	.00	.00	.000 .00 .00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000 .00 .00
TRANSITIONAL IP CARE	0	0	.00	.00	.000 .00 .00
ALL OTHER ACCOM	0	0	.00	.00	.000 .00 .00
ANCILLARIES	0	0	.00	.00	.000 .00 .00
INPATIENT CROSSOVERS	0	0	.00	.00	.000 .00 .00
ALL OTHER INPATIENT	0	0	.00	.00	.000 .00 .00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000 .00 .00
MEDICAL	0	0	.00	.00	.000 .00 .00
SURGERY	0	0	.00	.00	.000 .00 .00
PATHOLOGY	0	0	.00	.00	.000 .00 .00
RADIOLOGY	0	0	.00	.00	.000 .00 .00
ROOM USE	0	0	.00	.00	.000 .00 .00

CROSSTOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$.00
MENTALLY ILL	0	0		.00		.00	.000	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00
LEV B-REGULAR	0	0		.00		.00	.000	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$.00
ICF DDH	0	0		.00		.00	.000	.00
ICF DD	0	0		.00		.00	.000	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$.00
PATHOLOGY	0	0		.00		.00	.000	.00
XO AND OTHERS	0	0		.00		.00	.000	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$.00
CLINIC	0	0		.00		.00	.000	.00
SURGICENTER	0	0		.00		.00	.000	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,040
 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
 YOLO COUNTY SUMMARY OF SERVICES FOR MN - SOC - BLIND AID CODE 27

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
MOP024 FEE-FOR-SERVICE/DENTAL
YOLO COUNTY SUMMARY OF SERVICES FOR MN - SOC - DISABLED AID CODES 65 67 6W 6Y

PAGE 18,041
03/14/05

02 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	110	474	\$ 87,841.22	\$ 185.32	237.000	\$ 798.56	\$ 43920.61
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00

EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00	.00
@PHARMACY	80	222	\$	75,711.15	\$ 341.04	111.000	\$ 946.39	\$ 37855.58
PRESCRIPTION DRUGS	80	222		75,711.15	341.04	111.000	946.39	37855.58
SNF/ICF	8	24		7,691.31	320.47	12.000	961.41	3845.66
OUTPATIENTS	78	198		68,019.84	343.53	99.000	872.05	34009.92
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	26	116	\$	3,633.00	\$ 31.32	58.000	\$ 139.73	\$ 1816.50
VISITS - DIAGNOSTIC	18	61		281.00	4.61	30.500	15.61	140.50
ORAL SURGERY	6	42		1,919.00	45.69	21.000	319.83	959.50
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	1	1		118.00	118.00	.500	118.00	59.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	2	3		135.00	45.00	1.500	67.50	67.50
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	3	6		1,180.00	196.67	3.000	393.33	590.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	3		.00	.00	1.500	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							PAGE 18,042
MOP024	FEE-FOR-SERVICE/DENTAL							03/14/05
YOLO COUNTY	SUMMARY OF SERVICES FOR MN - SOC - DISABLED AID CODES 65 67 6W 6Y							

						----- MONTHLY AVERAGE -----		
02 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	1	3	\$ 53.11	\$ 17.70	1.500	\$ 53.11	\$ 26.56	
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00	
EYE APPLIANCES	1	3	53.11	17.70	1.500	53.11	26.56	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00	
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00	
VISITS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00	
OTHER	0	0	.00	.00	.000	.00	.00	
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00	
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	

NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,043
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
YOLO COUNTY SUMMARY OF SERVICES FOR MN - SOC - DISABLED AID CODES 65 67 6W 6Y

						----- MONTHLY AVERAGE -----		
02 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.00
COMM HOSP INPATIENT TOTAL	0	0		.00		.00	.00	
HSC HOSPITALS	0	0		.00		.00	.00	
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.00	
ACCOMMODATIONS	0	0		.00		.00	.00	
ADMINISTRATIVE DAYS	0	0		.00		.00	.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.00	
ALL OTHER ACCOM	0	0		.00		.00	.00	
ANCILLARIES	0	0		.00		.00	.00	
INPATIENT CROSSOVERS	0	0		.00		.00	.00	
ALL OTHER INPATIENT	0	0		.00		.00	.00	

COMM HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$	.00	\$	.000	\$	.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$	.000	\$	.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.000	\$	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	1	15	\$	260.70	\$	17.38	7.500	\$ 130.35
PATHOLOGY	1	15		260.70		17.38	7.500	130.35
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	4	5	\$	721.55	\$	144.31	2.500	\$ 360.78
CLINIC	1	2		145.55		72.78	1.000	72.78
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	3	3		576.00		192.00	1.500	288.00

#CALIF DEPT OF HEALTH SERV MOP024 YOLO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR MN - SOC - DISABLED AID CODES 65 67 6W 6Y

PAGE 18,044
03/14/05

					----- MONTHLY AVERAGE -----			
02 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	15	113	\$ 7,461.71	\$ 66.03	56.500	\$ 497.45	\$ 3730.86	
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00	
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00	
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00	
OTHER TRANS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00	
ADULT DAY HEALTH CARE CTR	11	105	7,305.90	69.58	52.500	664.17	3652.95	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	4	8	155.81	19.48	4.000	38.95	77.91	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00	

PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 18,045
MOP024	FEE-FOR-SERVICE/DENTAL		03/14/05
YOLO COUNTY	SUMMARY OF SERVICES FOR MN - SOC - FAMILIES AID CODE 5R 6R 37		

12 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	85	329	\$ 8,483.33	\$ 25.79	27.417	\$ 99.80	\$ 706.94
@PHYSICIANS SERVICES	1	1	\$ 152.92	\$ 152.92	.083	\$ 152.92	\$ 12.74
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00

OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	0	0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	1	1		152.92	152.92	.083	152.92	12.74
PRINCIPAL SURGEON	1	1		152.92	152.92	.083	152.92	12.74
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00	.00
@PHARMACY	1	1	\$	291.14	\$ 291.14	.083	\$ 291.14	\$ 24.26
PRESCRIPTION DRUGS	1	1		291.14	291.14	.083	291.14	24.26
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	1	1		291.14	291.14	.083	291.14	24.26
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	65	288	\$	5,855.85	\$ 20.33	24.000	\$ 90.09	\$ 487.99
VISITS - DIAGNOSTIC	51	201		1,092.85	5.44	16.750	21.43	91.07
ORAL SURGERY	10	34		2,500.00	73.53	2.833	250.00	208.33
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	2	2		23.00	11.50	.167	11.50	1.92
ENDODONTICS	2	2		279.00	139.50	.167	139.50	23.25
RESTORATIVE DENTISTRY	10	39		1,238.00	31.74	3.250	123.80	103.17
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	1	1		450.00	450.00	.083	450.00	37.50
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	5	7		273.00	39.00	.583	54.60	22.75
ALL OTHER SERVICES	2	2		.00	.00	.167	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,046
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
YOLO COUNTY SUMMARY OF SERVICES FOR MN - SOC - FAMILIES AID CODE 5R 6R 37

12 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	4	4	\$ 118.32	\$ 29.58	.333	\$ 29.58	\$ 9.86
DIAGNOSTIC AND ANC. PROCED	3	3	118.32	39.44	.250	39.44	9.86
EYE APPLIANCES	1	1	.00	.00	.083	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00

MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.000	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.000	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.000	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.000	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.000	\$	.00
@TOTAL HOSPITAL	3	5	\$	1,485.22	\$	297.04	.417	\$ 495.07 \$ 123.77
HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	3	5		1,485.22	297.04	.417	495.07	123.77
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	1	1		38.86	38.86	.083	38.86	3.24
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	2	3		1,415.13	471.71	.250	707.57	117.93
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	1	1		31.23	31.23	.083	31.23	2.60
@COUNTY HOSPITAL TOTAL	1	1	\$	.00	\$	.083	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	1		.00	.00	.083	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	1	1		.00	.00	.083	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,047
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
YOLO COUNTY SUMMARY OF SERVICES FOR MN - SOC - FAMILIES AID CODE 5R 6R 37

	12 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	2		4	\$ 1,485.22	\$ 371.31	.333	\$ 742.61	\$ 123.77
COMM HOSP INPATIENT TOTAL	0		0	.00	.00	.000	.00	.00
HSC HOSPITALS	0		0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0		0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0		0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	2	4		1,485.22	371.31	.333	742.61	123.77
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	1	1		38.86	38.86	.083	38.86	3.24
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	1	2		1,415.13	707.57	.167	1415.13	117.93
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	1	1		31.23	31.23	.083	31.23	2.60
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	1	1	\$	266.81	\$ 266.81	.083	\$ 266.81	\$ 22.23
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	1	1		266.81	266.81	.083	266.81	22.23

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,048
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
YOLO COUNTY SUMMARY OF SERVICES FOR MN - SOC - FAMILIES AID CODE 5R 6R 37

	12 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	11		29 \$	313.07	\$ 10.80	2.417	\$ 28.46	\$ 26.09
DURABLE MED. EQUIP.	0		0	.00	.00	.000	.00	.00
BLOOD BANK	0		0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0		0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0		0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0		0	.00	.00	.000	.00	.00
OTHER TRANS	0		0	.00	.00	.000	.00	.00
OTHER SERVICES	0		0	.00	.00	.000	.00	.00
ACUPUNCTURE	0		0	.00	.00	.000	.00	.00

ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	4	8	85.44	10.68	.667	21.36	7.12
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	7	21	227.63	10.84	1.750	32.52	18.97
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	2	4	\$ 1,606.91	\$ 401.73	.333	\$ 803.46	\$ 133.91
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 18,049
MOPO24	FEE-FOR-SERVICE/DENTAL	03/14/05
YOLO COUNTY	SUMMARY OF SERVICES FOR MN - SOC - TOTAL	

14 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----		
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER
@TOTAL, ALL PROVIDERS	244	988	\$ 105,659.17	\$ 106.94	70.571	\$ 433.03
@PHYSICIANS SERVICES	1	1	\$ 152.92	\$ 152.92	.071	\$ 152.92
OUTPATIENT VISITS	0	0	.00	.00	.000	.00
OFFICE VISITS	0	0	.00	.00	.000	.00
HOME VISITS	0	0	.00	.00	.000	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00
CRITICAL CARE	0	0	.00	.00	.000	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00
EXAMINATIONS	0	0	.00	.00	.000	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00
OUTPATIENT SURGERY	1	1	152.92	152.92	.071	152.92
PRINCIPAL SURGEON	1	1	152.92	152.92	.071	152.92
ASSISTANT SURGEON	0	0	.00	.00	.000	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00
DIALYSIS	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00

RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	94	243	\$ 78,476.36	\$ 322.95	17.357	\$ 834.85	\$ 5605.45
PRESCRIPTION DRUGS	94	243	78,476.36	322.95	17.357	834.85	5605.45
SNF/ICF	17	36	9,445.95	262.39	2.571	555.64	674.71
OUTPATIENTS	84	207	69,030.41	333.48	14.786	821.79	4930.74
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	117	509	\$ 12,429.85	\$ 24.42	36.357	\$ 106.24	\$ 887.85
VISITS - DIAGNOSTIC	83	312	1,546.85	4.96	22.286	18.64	110.49
ORAL SURGERY	25	114	4,864.00	42.67	8.143	194.56	347.43
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	5	5	259.00	51.80	.357	51.80	18.50
ENDODONTICS	3	4	709.00	177.25	.286	236.33	50.64
RESTORATIVE DENTISTRY	15	49	2,203.00	44.96	3.500	146.87	157.36
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	7	11	2,575.00	234.09	.786	367.86	183.93
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	5	7	273.00	39.00	.500	54.60	19.50
ALL OTHER SERVICES	6	7	.00	.00	.500	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 18,050
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
YOLO COUNTY	SUMMARY OF SERVICES FOR MN - SOC - TOTAL						

	14 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	5	7	\$	171.43	\$ 24.49	.500	\$ 34.29	\$ 12.25
DIAGNOSTIC AND ANC. PROCED	3	3		118.32	39.44	.214	39.44	8.45

EYE APPLIANCES	2	4		53.11	13.28	.286	26.56	3.79
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	3	5	\$	1,485.22	\$ 297.04	.357	\$ 495.07	\$ 106.09
HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	3	5		1,485.22	297.04	.357	495.07	106.09
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	1	1		38.86	38.86	.071	38.86	2.78
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	2	3		1,415.13	471.71	.214	707.57	101.08
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	1	1		31.23	31.23	.071	31.23	2.23
@COUNTY HOSPITAL TOTAL	1	1	\$	.00	\$.00	.071	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	1		.00	.00	.071	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	1	1		.00	.00	.071	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,051
MOPO24 FEE-FOR-SERVICE/DENTAL 03/14/05
YOLO COUNTY SUMMARY OF SERVICES FOR MN - SOC - TOTAL

14 ELIGIBLES

USERS

UNITS OF SERVICE

EXPENDITURES

AVERAGE COST UNITS/DAYS COST PER

COST PER

----- MONTHLY AVERAGE -----

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	2	4	\$	1,485.22	\$ 371.31	.286	\$ 742.61	\$ 106.09
COMM HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	2	4		1,485.22	371.31	.286	742.61	106.09
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	1	1		38.86	38.86	.071	38.86	2.78
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	1	2		1,415.13	707.57	.143	1415.13	101.08
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	1	1		31.23	31.23	.071	31.23	2.23
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	1	31	\$	2,028.63	\$ 65.44	2.214	\$ 2028.63	\$ 144.90
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	1	31		2,028.63	65.44	2.214	2028.63	144.90
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	1	15	\$	260.70	\$ 17.38	1.071	\$ 260.70	\$ 18.62
PATHOLOGY	1	15		260.70	17.38	1.071	260.70	18.62
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	5	6	\$	988.36	\$ 164.73	.429	\$ 197.67	\$ 70.60
CLINIC	1	2		145.55	72.78	.143	145.55	10.40
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	4	4		842.81	210.70	.286	210.70	60.20

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,052
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
YOLO COUNTY SUMMARY OF SERVICES FOR MN - SOC - TOTAL

14 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	35	171	\$ 9,665.70	\$ 56.52	12.214	\$ 276.16	\$ 690.41
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	20	134	9,196.82	68.63	9.571	459.84	656.92
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	8	16	241.25	15.08	1.143	30.16	17.23
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	7	21	227.63	10.84	1.500	32.52	16.26
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	2	4	\$ 1,606.91	\$ 401.73	.286	\$ 803.46	\$ 114.78
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 18,053
MOP024	FEE-FOR-SERVICE/DENTAL		03/14/05
YOLO COUNTY	SUMMARY OF SERVICES FOR MN - LONG TERM CARE - AGED	AID CODE 13	

65 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	820	4,000	\$ 454,251.77	\$ 113.56	61.538	\$ 553.97	\$ 6988.49
@PHYSICIANS SERVICES	15	75	\$ 508.44	\$ 6.78	1.154	\$ 33.90	\$ 7.82
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00

OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	15	75	508.44	6.78	1.154	33.90	7.82
@PHARMACY	555	1,125	\$ 163,297.95	\$ 145.15	17.308	\$ 294.23	\$ 2512.28
PRESCRIPTION DRUGS	555	1,125	163,297.95	145.15	17.308	294.23	2512.28
SNF/ICF	279	654	89,301.01	136.55	10.062	320.08	1373.86
OUTPATIENTS	283	471	73,996.94	157.11	7.246	261.47	1138.41
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	264	716	\$ 35,481.75	\$ 49.56	11.015	\$ 134.40	\$ 545.87
VISITS - DIAGNOSTIC	216	533	9,170.75	17.21	8.200	42.46	141.09
ORAL SURGERY	17	58	3,624.00	62.48	.892	213.18	55.75
DRUGS	1	1	25.00	25.00	.015	25.00	.38
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	52	52	10,036.00	193.00	.800	193.00	154.40
ENDODONTICS	1	1	215.00	215.00	.015	215.00	3.31
RESTORATIVE DENTISTRY	6	23	1,406.00	61.13	.354	234.33	21.63
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	20	48	11,005.00	229.27	.738	550.25	169.31
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							
MOP024 FEE-FOR-SERVICE/DENTAL							
YOLO COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - AGED							
AID CODE 13							
----- MONTHLY AVERAGE -----							
65 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	1	1	\$ 20.00	\$ 20.00	.015	\$ 20.00	\$.31
DIAGNOSTIC AND ANC. PROCED	1	1	20.00	20.00	.015	20.00	.31
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	14	14	\$ 47.75	\$ 3.41	.215	\$ 3.41	\$.73
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	14	14	47.75	3.41	.215	3.41	.73
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	2	0	\$ 876.00	\$.00	.000	\$ 438.00	\$ 13.48
HOSP INPATIENT TOTAL	2	0	876.00	.00	.000	438.00	13.48
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00

NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	2	0	876.00	.00	.000	438.00	13.48
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

65 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	2	0	\$ 876.00	\$.00	.000	\$ 438.00	\$ 13.48
COMM HOSP INPATIENT TOTAL	2	0	876.00	.00	.000	438.00	13.48
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	2	0	876.00	.00	.000	438.00	13.48
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	3	92	\$ 76,940.64	\$ 836.31	1.415	\$ 25646.88	\$ 1183.70
MENTALLY ILL	0	0	15,450.28	.00	.000	.00	237.70
DEVELOP. DISABLED	3	92	61,490.36	668.37	1.415	20496.79	946.01
@NURSING FACILITY	60	1,933	\$ 176,072.36	\$ 91.09	29.738	\$ 2934.54	\$ 2708.81
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	21	696	71,983.72	103.42	10.708	3427.80	1107.44
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	39	1,237	104,088.64	84.15	19.031	2668.94	1601.36
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	1	2	\$ 52.20	\$ 26.10	.031	\$ 52.20	\$.80
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	1	2	52.20	26.10	.031	52.20	.80

65 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	19	42	\$ 954.68	\$ 22.73	.646	\$ 50.25	\$ 14.69
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	1	4	34.41	8.60	.062	34.41	.53
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	1	4	34.41	8.60	.062	34.41	.53
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	1	3	164.40	54.80	.046	164.40	2.53
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	15	30	384.04	12.80	.462	25.60	5.91
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	3	144.59	48.20	.046	144.59	2.22
HOSPICE SERVICES	1	2	227.24	113.62	.031	227.24	3.50
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	31	89	\$ 23,675.71CR	\$ 266.02CR	1.369	\$ 763.73CR	\$ 364.24CR

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
MOP024 FEE-FOR-SERVICE/DENTAL
YOLO COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - BLIND

PAGE 18,057
03/14/05

12 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	12	355	\$ 30,983.65	\$ 87.28	29.583	\$ 2581.97	\$ 2581.97
@PHYSICIANS SERVICES	2	3	\$ 28.10	\$ 9.37	.250	\$ 14.05	\$ 2.34
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00

EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	2	3		28.10	9.37	.250	14.05	2.34
@PHARMACY	10	35	\$	2,493.18	\$ 71.23	2.917	\$ 249.32	\$ 207.77
PRESCRIPTION DRUGS	10	35		2,493.18	71.23	2.917	249.32	207.77
SNF/ICF	10	35		2,493.18	71.23	2.917	249.32	207.77
OUTPATIENTS	0	0		.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	2	21	\$	395.00	\$ 18.81	1.750	\$ 197.50	\$ 32.92
VISITS - DIAGNOSTIC	2	18		140.00	7.78	1.500	70.00	11.67
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	1	2		200.00	100.00	.167	200.00	16.67
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	1	1		55.00	55.00	.083	55.00	4.58
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							PAGE 18,058
MOP024	FEE-FOR-SERVICE/DENTAL							03/14/05
YOLO COUNTY	SUMMARY OF SERVICES FOR MN - LONG TERM CARE - BLIND							
				AID CODE 23		----- MONTHLY AVERAGE -----		
12 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER	
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE	
@OPTOMETRIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00	
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00	
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00	
@CHIROPRACTOR	0	0 \$	.00	\$.00	.000	\$.00	\$.00	
VISITS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
@PODIATRIST	4	4 \$	28.37	\$ 7.09	.333	\$ 7.09	\$ 2.36	
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00	
OTHER	4	4	28.37	7.09	.333	7.09	2.36	
@HOME HEALTH AGENCY	0	0 \$	.00	\$.00	.000	\$.00	\$.00	
NURSE ANESTHESIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00	

NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,059
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
YOLO COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - BLIND AID CODE 23

	12 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0		0	.00	.00	.000	.00	.00
HSC HOSPITALS	0		0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0		0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0		0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0		0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0		0	.00	.00	.000	.00	.00
ANCILLARIES	0		0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0		0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0		0	.00	.00	.000	.00	.00

COMM HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$	.00	\$	.000	\$	.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	10	292	\$	28,039.00	\$	96.02	24.333	\$ 2803.90
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	10	292		28,039.00		96.02	24.333	2803.90
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.000	\$	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.000	\$	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.000	\$	.00
CLINIC	0	0		.00	.00	.000	.00	.00

SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,060
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
YOLO COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - BLIND AID CODE 23

12 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----			
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00	
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00	
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00	
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00	
OTHER TRANS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	0	0	.00	.00	.000	.00	.00	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00	
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	.00	
ORTHOTICS	0	0	.00	.00	.000	.00	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00	
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00	
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00	
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00	
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00	
@XOVER EXCLUDING STATE HOSP**	6	7	\$ 1,623.53CR	\$ 231.93CR	.583	\$ 270.59CR	\$ 135.29CR	

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 18,061
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
YOLO COUNTY	SUMMARY OF SERVICES FOR MN - LONG TERM CARE - DISABLED	AID CODE 63

38 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----			
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	396	2,738	\$ 382,087.01	\$ 139.55	72.053	\$ 964.87	\$ 10054.92	
@PHYSICIANS SERVICES	18	174	\$ 16,644.38	\$ 95.66	4.579	\$ 924.69	\$ 438.01	
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00	
OFFICE VISITS	0	0	.00	.00	.000	.00	.00	
HOME VISITS	0	0	.00	.00	.000	.00	.00	
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00	

OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	7	122	14,774.14	121.10	3.211	2110.59	388.79
HOSPITAL VISITS	7	53	1,756.14	33.13	1.395	250.88	46.21
CRITICAL CARE	3	68	12,990.50	191.04	1.789	4330.17	341.86
SNF/ICF/TRANS IP CARE	1	1	27.50	27.50	.026	27.50	.72
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	3	9	948.20	105.36	.237	316.07	24.95
PRINCIPAL SURGEON	2	2	758.78	379.39	.053	379.39	19.97
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	7	189.42	27.06	.184	189.42	4.98
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	6	22	439.64	19.98	.579	73.27	11.57
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	12	21	482.40	22.97	.553	40.20	12.69
@PHARMACY	313	747	\$ 103,389.37	\$ 138.41	19.658	\$ 330.32	\$ 2720.77
PRESCRIPTION DRUGS	312	746	103,340.76	138.53	19.632	331.22	2719.49
SNF/ICF	223	589	77,958.61	132.36	15.500	349.59	2051.54
OUTPATIENTS	92	157	25,382.15	161.67	4.132	275.89	667.95
MEDICAL SUPPLIES	1	1	48.61	48.61	.026	48.61	1.28
@DENTIST	74	345	\$ 8,382.00	\$ 24.30	9.079	\$ 113.27	\$ 220.58
VISITS - DIAGNOSTIC	67	273	3,462.00	12.68	7.184	51.67	91.11
ORAL SURGERY	9	43	1,695.00	39.42	1.132	188.33	44.61
DRUGS	1	1	.00	.00	.026	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	12	15	2,318.00	154.53	.395	193.17	61.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	6	8	638.00	79.75	.211	106.33	16.79
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	2	5	269.00	53.80	.132	134.50	7.08
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,062
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
YOLO COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - DISABLED AID CODE 63

38 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	4	16	\$ 279.63	\$ 17.48	.421	\$ 69.91	\$ 7.36
DIAGNOSTIC AND ANC. PROCED	1	1	39.44	39.44	.026	39.44	1.04
EYE APPLIANCES	4	15	240.19	16.01	.395	60.05	6.32
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	4	4	\$ 9.06	\$ 2.27	.105	\$ 2.27	\$.24

MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	4	4	9.06	2.27	.105	2.27	.24
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	7	118	\$ 141,230.91	\$ 1196.87	3.105	\$ 20175.84	\$ 3716.60
HOSP INPATIENT TOTAL	6	113	141,135.75	1248.99	2.974	23522.63	3714.10
HSC HOSPITALS	2	83	129,480.00	1560.00	2.184	64740.00	3407.37
NON-HSC HOSPITAL TOTAL	1	30	9,946.53	331.55	.789	9946.53	261.75
ACCOMMODATIONS	1	30	6,939.00	231.30	.789	6939.00	182.61
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	30	6,939.00	231.30	.789	6939.00	182.61
ANCILLARIES	1	0	3,007.53	.00	.000	3007.53	79.15
INPATIENT CROSSOVERS	3	0	1,709.22	.00	.000	569.74	44.98
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	2	5	95.16	19.03	.132	47.58	2.50
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	3	40.76	13.59	.079	40.76	1.07
RADIOLOGY	1	1	20.09	20.09	.026	20.09	.53
ROOM USE	1	1	34.31	34.31	.026	34.31	.90
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,063
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
YOLO COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - DISABLED AID CODE 63

	38 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	7	118	\$ 141,230.91	\$ 1196.87	3.105	\$ 20175.84	\$ 3716.60	
COMM HOSP INPATIENT TOTAL	6	113	141,135.75	1248.99	2.974	23522.63	3714.10	
HSC HOSPITALS	2	83	129,480.00	1560.00	2.184	64740.00	3407.37	
NON-HSC HOSPITALS TOTAL	1	30	9,946.53	331.55	.789	9946.53	261.75	
ACCOMMODATIONS	1	30	6,939.00	231.30	.789	6939.00	182.61	

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	30	6,939.00	231.30	.789	6939.00	182.61
ANCILLARIES	1	0	3,007.53	.00	.000	3007.53	79.15
INPATIENT CROSSOVERS	3	0	1,709.22	.00	.000	569.74	44.98
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	2	5	95.16	19.03	.132	47.58	2.50
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	3	40.76	13.59	.079	40.76	1.07
RADIOLOGY	1	1	20.09	20.09	.026	20.09	.53
ROOM USE	1	1	34.31	34.31	.026	34.31	.90
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	.00	.00	.000	.00	.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	28	872	\$ 85,497.79	\$ 98.05	22.947	\$ 3053.49	\$ 2249.94
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	9	289	29,174.20	100.95	7.605	3241.58	767.74
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	1	22	11,567.30	525.79	.579	11567.30	304.40
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	18	561	44,756.29	79.78	14.763	2486.46	1177.80
@INTERMEDIATE CARE FACIL.-DD	1	122	\$ 22,300.38	\$ 182.79	3.211	\$ 22300.38	\$ 586.85
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	1	122	22,300.38	182.79	3.211	22300.38	586.85
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	1	1	\$ 216.00	\$ 216.00	.026	\$ 216.00	\$ 5.68
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	1	1	216.00	216.00	.026	216.00	5.68

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,064
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
YOLO COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - DISABLED AID CODE 63

38 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	18	339	\$ 4,137.49	\$ 12.20	8.921	\$ 229.86	\$ 108.88
DURABLE MED. EQUIP.	2	13	3,651.33	280.87	.342	1825.67	96.09
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	2	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	2	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00

ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	12	24	265.76	11.07	.632	22.15	6.99
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	2	2	1.62	.81	.053	.81	.04
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	300	218.78	.73	7.895	218.78	5.76
@CALIF. CHILDREN SERVICES*	2	1,270	\$ 142,478.41	\$ 112.19	33.421	\$ 71239.21	\$ 3749.43
@XOVER EXCLUDING STATE HOSP**	17	18	\$ 8,409.82CR	\$ 467.21CR	.474	\$ 494.70CR	\$ 221.31CR

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 18,065
MOPO24	FEE-FOR-SERVICE/DENTAL	03/14/05
YOLO COUNTY	SUMMARY OF SERVICES FOR MN - LONG TERM CARE - FAMILIES DISCONTINUED	

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00

OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV
MOP024
YOLO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR MN - LONG TERM CARE - FAMILIES DISCONTINUED

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03/14/05

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00

EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,067
MOPO24 FEE-FOR-SERVICE/DENTAL 03/14/05
YOLO COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - FAMILIES DISCONTINUED

----- MONTHLY AVERAGE -----
00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$	.00	\$.00	.000 \$	.00 \$
COMM HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00
ANCILLARIES	0	0		.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00
COMM HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00
MEDICAL	0	0		.00	.00	.000	.00
SURGERY	0	0		.00	.00	.000	.00
PATHOLOGY	0	0		.00	.00	.000	.00
RADIOLOGY	0	0		.00	.00	.000	.00
ROOM USE	0	0		.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000 \$	.00 \$
MENTALLY ILL	0	0		.00	.00	.000	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00
@NURSING FACILITY	0	0	\$	.00	\$.00	.000 \$	.00 \$
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000 \$	.00 \$
ICF DDH	0	0		.00	.00	.000	.00
ICF DD	0	0		.00	.00	.000	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000 \$	.00 \$
HOSPITAL BASED	0	0		.00	.00	.000	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000 \$	.00 \$
HOSPITAL BASED	0	0		.00	.00	.000	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00
@LABORATORY FACILITY	0	0	\$	.00	\$.00	.000 \$	.00 \$
PATHOLOGY	0	0		.00	.00	.000	.00
XO AND OTHERS	0	0		.00	.00	.000	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$.00	.000 \$	.00 \$
CLINIC	0	0		.00	.00	.000	.00
SURGICENTER	0	0		.00	.00	.000	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						
MOP024	FEE-FOR-SERVICE/DENTAL						
YOLO COUNTY	SUMMARY OF SERVICES FOR MN - LONG TERM CARE - FAMILIES DISCONTINUED						

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00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
MOP024 FEE-FOR-SERVICE/DENTAL
YOLO COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - TOTAL

PAGE 18,069
03/14/05

						----- MONTHLY AVERAGE -----		
115 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	1,228	7,093	\$ 867,322.43	\$ 122.28	61.678	\$ 706.29	\$ 7541.93	
@PHYSICIANS SERVICES	35	252	\$ 17,180.92	\$ 68.18	2.191	\$ 490.88	\$ 149.40	
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00	
OFFICE VISITS	0	0	.00	.00	.000	.00	.00	
HOME VISITS	0	0	.00	.00	.000	.00	.00	
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00	
INPATIENT VISITS	7	122	14,774.14	121.10	1.061	2110.59	128.47	
HOSPITAL VISITS	7	53	1,756.14	33.13	.461	250.88	15.27	
CRITICAL CARE	3	68	12,990.50	191.04	.591	4330.17	112.96	
SNF/ICF/TRANS IP CARE	1	1	27.50	27.50	.009	27.50	.24	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	3	9	948.20	105.36	.078	316.07	8.25	
PRINCIPAL SURGEON	2	2	758.78	379.39	.017	379.39	6.60	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	1	7	189.42	27.06	.061	189.42	1.65	

OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	6	22		439.64	19.98	.191	73.27	3.82
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	29	99		1,018.94	10.29	.861	35.14	8.86
@PHARMACY	878	1,907	\$	269,180.50	\$ 141.15	16.583	\$ 306.58	\$ 2340.70
PRESCRIPTION DRUGS	877	1,906		269,131.89	141.20	16.574	306.88	2340.28
SNF/ICF	512	1,278		169,752.80	132.83	11.113	331.55	1476.11
OUTPATIENTS	375	628		99,379.09	158.25	5.461	265.01	864.17
MEDICAL SUPPLIES	1	1		48.61	48.61	.009	48.61	.42
@DENTIST	340	1,082	\$	44,258.75	\$ 40.90	9.409	\$ 130.17	\$ 384.86
VISITS - DIAGNOSTIC	285	824		12,772.75	15.50	7.165	44.82	111.07
ORAL SURGERY	26	101		5,319.00	52.66	.878	204.58	46.25
DRUGS	2	2		25.00	12.50	.017	12.50	.22
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	65	69		12,554.00	181.94	.600	193.14	109.17
ENDODONTICS	1	1		215.00	215.00	.009	215.00	1.87
RESTORATIVE DENTISTRY	13	32		2,099.00	65.59	.278	161.46	18.25
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	22	53		11,274.00	212.72	.461	512.45	98.03
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	2	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV
 MOP024

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
 FEE-FOR-SERVICE/DENTAL

PAGE 18,070
 03/14/05

YOLO COUNTY

SUMMARY OF SERVICES FOR MN - LONG TERM CARE - TOTAL

115 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@OPTOMETRIST	5	17	\$ 299.63	\$ 17.63	.148	\$ 59.93	\$ 2.61
DIAGNOSTIC AND ANC. PROCED	2	2	59.44	29.72	.017	29.72	.52
EYE APPLIANCES	4	15	240.19	16.01	.130	60.05	2.09
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	22	22	\$ 85.18	\$ 3.87	.191	\$ 3.87	\$.74
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	22	22	85.18	3.87	.191	3.87	.74
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	9	118	\$ 142,106.91	\$ 1204.30	1.026	\$ 15789.66	\$ 1235.71
HOSP INPATIENT TOTAL	8	113	142,011.75	1256.74	.983	17751.47	1234.88
HSC HOSPITALS	2	83	129,480.00	1560.00	.722	64740.00	1125.91
NON-HSC HOSPITAL TOTAL	1	30	9,946.53	331.55	.261	9946.53	86.49
ACCOMMODATIONS	1	30	6,939.00	231.30	.261	6939.00	60.34
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	30	6,939.00	231.30	.261	6939.00	60.34
ANCILLARIES	1	0	3,007.53	.00	.000	3007.53	26.15
INPATIENT CROSSOVERS	5	0	2,585.22	.00	.000	517.04	22.48
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	2	5	95.16	19.03	.043	47.58	.83
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	3	40.76	13.59	.026	40.76	.35
RADIOLOGY	1	1	20.09	20.09	.009	20.09	.17
ROOM USE	1	1	34.31	34.31	.009	34.31	.30
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

115 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	9	118	\$ 142,106.91	\$ 1204.30	1.026	\$ 15789.66	\$ 1235.71
COMM HOSP INPATIENT TOTAL	8	113	142,011.75	1256.74	.983	17751.47	1234.88
HSC HOSPITALS	2	83	129,480.00	1560.00	.722	64740.00	1125.91
NON-HSC HOSPITALS TOTAL	1	30	9,946.53	331.55	.261	9946.53	86.49
ACCOMMODATIONS	1	30	6,939.00	231.30	.261	6939.00	60.34
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	30	6,939.00	231.30	.261	6939.00	60.34
ANCILLARIES	1	0	3,007.53	.00	.000	3007.53	26.15
INPATIENT CROSSOVERS	5	0	2,585.22	.00	.000	517.04	22.48
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	2	5	95.16	19.03	.043	47.58	.83
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	3	40.76	13.59	.026	40.76	.35
RADIOLOGY	1	1	20.09	20.09	.009	20.09	.17
ROOM USE	1	1	34.31	34.31	.009	34.31	.30
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	3	92	\$ 76,940.64	\$ 836.31	.800	\$ 25646.88	\$ 669.05
MENTALLY ILL	0	0	15,450.28	.00	.000	.00	134.35
DEVELOP. DISABLED	3	92	61,490.36	668.37	.800	20496.79	534.70
@NURSING FACILITY	98	3,097	\$ 289,609.15	\$ 93.51	26.930	\$ 2955.20	\$ 2518.34
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	30	985	101,157.92	102.70	8.565	3371.93	879.63
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	1	22	11,567.30	525.79	.191	11567.30	100.59
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	67	2,090	176,883.93	84.63	18.174	2640.06	1538.12
@INTERMEDIATE CARE FACIL.-DD	1	122	\$ 22,300.38	\$ 182.79	1.061	\$ 22300.38	\$ 193.92
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	1	122	22,300.38	182.79	1.061	22300.38	193.92
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	2	3	\$ 268.20	\$ 89.40	.026	\$ 134.10	\$ 2.33
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	2	3	268.20	89.40	.026	134.10	2.33

115 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	37	381	\$ 5,092.17	\$ 13.37	3.313	\$ 137.63	\$ 44.28
DURABLE MED. EQUIP.	2	13	3,651.33	280.87	.113	1825.67	31.75
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	3	4	34.41	8.60	.035	11.47	.30
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	1	4	34.41	8.60	.035	34.41	.30
OTHER SERVICES	2	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	1	3	164.40	54.80	.026	164.40	1.43
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	27	54	649.80	12.03	.470	24.07	5.65
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	2	2	1.62	.81	.017	.81	.01
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	3	144.59	48.20	.026	144.59	1.26
HOSPICE SERVICES	1	2	227.24	113.62	.017	227.24	1.98
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	300	218.78	.73	2.609	218.78	1.90
@CALIF. CHILDREN SERVICES*	2	1,270	\$ 142,478.41	\$ 112.19	11.043	\$ 71239.21	\$ 1238.94
@XOVER EXCLUDING STATE HOSP**	54	114	\$ 33,709.06CR	\$ 295.69CR	.991	\$ 624.24CR	\$ 293.12CR

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
MOP024 FEE-FOR-SERVICE/DENTAL
YOLO COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - AGED

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276 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	1,515	7,216	\$ 649,715.71	\$ 90.04	26.145	\$ 428.86	\$ 2354.04
@PHYSICIANS SERVICES	39	133	\$ 2,321.99	\$ 17.46	.482	\$ 59.54	\$ 8.41
OUTPATIENT VISITS	7	7	468.04	66.86	.025	66.86	1.70
OFFICE VISITS	3	3	99.20	33.07	.011	33.07	.36
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	4	4	368.84	92.21	.014	92.21	1.34
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	2	2	74.40	37.20	.007	37.20	.27
HOSPITAL VISITS	2	2	74.40	37.20	.007	37.20	.27
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00

EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	2	14		335.40	23.96	.051	167.70	1.22
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	14		335.40	23.96	.051	167.70	1.22
OUTPATIENT SURGERY	2	2		305.85	152.93	.007	152.93	1.11
PRINCIPAL SURGEON	2	2		305.85	152.93	.007	152.93	1.11
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	1	4		155.33	38.83	.014	155.33	.56
RADIOLOGY	8	18		199.76	11.10	.065	24.97	.72
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	25	86		783.21	9.11	.312	31.33	2.84
@PHARMACY	706	1,398	\$	191,456.60	\$ 136.95	5.065	\$ 271.18	\$ 693.68
PRESCRIPTION DRUGS	706	1,397		191,444.56	137.04	5.062	271.17	693.64
SNF/ICF	289	667		91,284.07	136.86	2.417	315.86	330.74
OUTPATIENTS	425	730		100,160.49	137.21	2.645	235.67	362.90
MEDICAL SUPPLIES	1	1		12.04	12.04	.004	12.04	.04
@DENTIST	580	2,314	\$	92,625.25	\$ 40.03	8.384	\$ 159.70	\$ 335.60
VISITS - DIAGNOSTIC	417	1,545		18,686.25	12.09	5.598	44.81	67.70
ORAL SURGERY	71	200		9,433.00	47.17	.725	132.86	34.18
DRUGS	1	1		25.00	25.00	.004	25.00	.09
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	70	72		11,811.00	164.04	.261	168.73	42.79
ENDODONTICS	14	17		3,514.50	206.74	.062	251.04	12.73
RESTORATIVE DENTISTRY	80	222		13,846.50	62.37	.804	173.08	50.17
PROSTHETICS	5	5		180.00	36.00	.018	36.00	.65
DENTURES, STAYPLATES	93	248		35,129.00	141.65	.899	377.73	127.28
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	6	4		.00	.00	.014	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							
MOP024	FEE-FOR-SERVICE/DENTAL							
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276 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	12	38	\$ 786.86	\$ 20.71	.138	\$ 65.57	\$ 2.85
DIAGNOSTIC AND ANC. PROCED	7	7	304.70	43.53	.025	43.53	1.10
EYE APPLIANCES	10	31	482.16	15.55	.112	48.22	1.75
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	14	14	\$ 47.75	\$ 3.41	.051	\$ 3.41	\$.17
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	14	14	47.75	3.41	.051	3.41	.17
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00

NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	21	75	\$	41,604.41	\$	554.73	.272	\$	1981.16	\$	150.74
HOSP INPATIENT TOTAL	7	18		40,569.84		2253.88	.065		5795.69		146.99
HSC HOSPITALS	1	2		2,580.00		1290.00	.007		2580.00		9.35
NON-HSC HOSPITAL TOTAL	4	16		37,113.84		2319.62	.058		9278.46		134.47
ACCOMMODATIONS	4	16		7,313.50		457.09	.058		1828.38		26.50
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	4	16		7,313.50		457.09	.058		1828.38		26.50
ANCILLARIES	4	0		29,800.34		.00	.000		7450.09		107.97
INPATIENT CROSSOVERS	2	0		876.00		.00	.000		438.00		3.17
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	14	57		1,034.57		18.15	.207		73.90		3.75
MEDICAL	3	4		145.52		36.38	.014		48.51		.53
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	10	36		427.38		11.87	.130		42.74		1.55
RADIOLOGY	4	5		213.20		42.64	.018		53.30		.77
ROOM USE	3	4		157.34		39.34	.014		52.45		.57
CROSSOVERS/ALL OTH OUTPTNT	4	8		91.13		11.39	.029		22.78		.33
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

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YOLO COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - AGED

276 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	21	75	\$ 41,604.41	\$ 554.73	.272	\$ 1981.16	\$ 150.74
COMM HOSP INPATIENT TOTAL	7	18	40,569.84	2253.88	.065	5795.69	146.99
HSC HOSPITALS	1	2	2,580.00	1290.00	.007	2580.00	9.35
NON-HSC HOSPITALS TOTAL	4	16	37,113.84	2319.62	.058	9278.46	134.47
ACCOMMODATIONS	4	16	7,313.50	457.09	.058	1828.38	26.50
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	4	16	7,313.50	457.09	.058	1828.38	26.50
ANCILLARIES	4	0	29,800.34	.00	.000	7450.09	107.97
INPATIENT CROSSOVERS	2	0	876.00	.00	.000	438.00	3.17
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	14	57	1,034.57	18.15	.207	73.90	3.75
MEDICAL	3	4	145.52	36.38	.014	48.51	.53
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	10	36	427.38	11.87	.130	42.74	1.55
RADIOLOGY	4	5	213.20	42.64	.018	53.30	.77
ROOM USE	3	4	157.34	39.34	.014	52.45	.57
CROSSOVERS/ALL OTH OUTPTNT	4	8	91.13	11.39	.029	22.78	.33
@STATE HOSPITAL	3	92	\$ 76,940.64	\$ 836.31	.333	\$ 25646.88	\$ 278.77
MENTALLY ILL	0	0	15,450.28	.00	.000	.00	55.98
DEVELOP. DISABLED	3	92	61,490.36	668.37	.333	20496.79	222.79
@NURSING FACILITY	62	1,996	\$ 182,111.23	\$ 91.24	7.232	\$ 2937.28	\$ 659.82
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	22	728	75,993.96	104.39	2.638	3454.27	275.34
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	40	1,268	106,117.27	83.69	4.594	2652.93	384.48
@INTERMEDIATE CARE FACIL.-DD	0	0	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	1	14	\$ 103.06	\$ 7.36	.051	\$ 103.06	\$.37
PATHOLOGY	1	14	103.06	7.36	.051	103.06	.37
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	19	32	\$ 3,584.31	\$ 112.01	.116	\$ 188.65	\$ 12.99
CLINIC	1	4	80.76	20.19	.014	80.76	.29

SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	18	28	3,503.55	125.13	.101	194.64	12.69

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,076
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
YOLO COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - AGED

276 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----			
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	217	1,110	\$ 58,133.61	\$ 52.37	4.022	\$ 267.90	\$ 210.63	
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00	
MEDICAL TRANSPORTATION	3	21	224.70	10.70	.076	74.90	.81	
AMBULANCES/AIR TRANS	1	8	149.38	18.67	.029	149.38	.54	
OTHER TRANS	2	13	75.32	5.79	.047	37.66	.27	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
ACUPUNCTURE	1	2	32.44	16.22	.007	32.44	.12	
ADULT DAY HEALTH CARE CTR	68	770	53,422.76	69.38	2.790	785.63	193.56	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	2	4	480.00	120.00	.014	240.00	1.74	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	140	307	3,593.69	11.71	1.112	25.67	13.02	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00	
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	.00	
ORTHOTICS	0	0	.00	.00	.000	.00	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00	
SPEECH AND AUDIOLOGY	1	3	144.59	48.20	.011	144.59	.52	
HOSPICE SERVICES	1	2	227.24	113.62	.007	227.24	.82	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00	
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00	
ALL OTHER PROVIDERS	1	1	8.19	8.19	.004	8.19	.03	
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00	
@XOVER EXCLUDING STATE HOSP**	35	93	\$ 23,652.61CR	\$ 254.33CR	.337	\$ 675.79CR	\$ 85.70CR	

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 18,077
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
YOLO COUNTY	SUMMARY OF SERVICES FOR MEDICALLY NEEDY - BLIND	

17 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----			
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	29	402	\$ 33,488.40	\$ 83.30	23.647	\$ 1154.77	\$ 1969.91	
@PHYSICIANS SERVICES	2	3	\$ 28.10	\$ 9.37	.176	\$ 14.05	\$ 1.65	
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00	
OFFICE VISITS	0	0	.00	.00	.000	.00	.00	
HOME VISITS	0	0	.00	.00	.000	.00	.00	
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00	

OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	0	0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	2	3		28.10	9.37	.176	14.05	1.65
@PHARMACY	15	42	\$	3,525.84	\$ 83.95	2.471	\$ 235.06	\$ 207.40
PRESCRIPTION DRUGS	15	42		3,525.84	83.95	2.471	235.06	207.40
SNF/ICF	12	38		2,772.04	72.95	2.235	231.00	163.06
OUTPATIENTS	4	4		753.80	188.45	.235	188.45	44.34
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	11	54	\$	1,801.00	\$ 33.35	3.176	\$ 163.73	\$ 105.94
VISITS - DIAGNOSTIC	5	40		435.00	10.88	2.353	87.00	25.59
ORAL SURGERY	1	1		45.00	45.00	.059	45.00	2.65
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	7	9		636.00	70.67	.529	90.86	37.41
ENDODONTICS	1	1		215.00	215.00	.059	215.00	12.65
RESTORATIVE DENTISTRY	2	3		470.00	156.67	.176	235.00	27.65
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV								
MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004								
MOP024								
FEE-FOR-SERVICE/DENTAL								
YOLO COUNTY								
SUMMARY OF SERVICES FOR MEDICALLY NEEDY - BLIND								
PAGE 18,078								
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17 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----				
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00	
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00	
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00	
VISITS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
@PODIATRIST	4	4	\$ 28.37	\$ 7.09	.235	\$ 7.09	\$ 1.67	

MEDICINE/INJECTIONS	0	0		.00		.00	.000	.00	.00
SURGERY/ANES.	0	0		.00		.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00		.00	.000	.00	.00
OTHER	4	4		28.37		7.09	.235	7.09	1.67
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
MEDICAL	0	0		.00		.00	.000	.00	.00
SURGERY	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
ROOM USE	0	0		.00		.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
MEDICAL	0	0		.00		.00	.000	.00	.00
SURGERY	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
ROOM USE	0	0		.00		.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,079
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
YOLO COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - BLIND

	17 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0		0	.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0		0	.00	.00	.000	.00	.00
HSC HOSPITALS	0		0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0		0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0		0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$	.00	\$	.000	\$	.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	10	292	\$	28,039.00	\$	96.02	17.176	\$ 2803.90
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	10	292		28,039.00		96.02	17.176	2803.90
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.000	\$	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00

INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.000	\$	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.000	\$	.00
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,080
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
YOLO COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - BLIND

17 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	4	7	\$ 66.09	\$ 9.44	.412	\$ 16.52	\$ 3.89
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	3	6	57.36	9.56	.353	19.12	3.37
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	1	8.73	8.73	.059	8.73	.51
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	7	8	\$ 1,614.80CR	\$ 201.85CR	.471	\$ 230.69CR	\$ 94.99CR

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,081
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
YOLO COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - DISABLED

141 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	1,605	23,918	\$ 921,930.28	\$ 38.55	169.631	\$ 574.41	\$ 6538.51
@PHYSICIANS SERVICES	29	190	\$ 17,161.62	\$ 90.32	1.348	\$ 591.78	\$ 121.71

OUTPATIENT VISITS	2	2	68.73	34.37	.014	34.37	.49
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	2	2	68.73	34.37	.014	34.37	.49
INPATIENT VISITS	7	122	14,774.14	121.10	.865	2110.59	104.78
HOSPITAL VISITS	7	53	1,756.14	33.13	.376	250.88	12.45
CRITICAL CARE	3	68	12,990.50	191.04	.482	4330.17	92.13
SNF/ICF/TRANS IP CARE	1	1	27.50	27.50	.007	27.50	.20
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	3	9	948.20	105.36	.064	316.07	6.72
PRINCIPAL SURGEON	2	2	758.78	379.39	.014	379.39	5.38
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	7	189.42	27.06	.050	189.42	1.34
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	7	24	740.98	30.87	.170	105.85	5.26
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	20	33	629.57	19.08	.234	31.48	4.47
@PHARMACY	938	2,271	\$ 486,376.78	\$ 214.17	16.106	\$ 518.53	\$ 3449.48
PRESCRIPTION DRUGS	937	2,268	486,222.55	214.38	16.085	518.91	3448.39
SNF/ICF	236	637	89,691.25	140.80	4.518	380.05	636.11
OUTPATIENTS	711	1,631	396,531.30	243.12	11.567	557.71	2812.28
MEDICAL SUPPLIES	2	3	154.23	51.41	.021	77.12	1.09
@DENTIST	422	2,117	\$ 68,722.25	\$ 32.46	15.014	\$ 162.85	\$ 487.39
VISITS - DIAGNOSTIC	308	1,455	14,934.25	10.26	10.319	48.49	105.92
ORAL SURGERY	57	193	8,391.00	43.48	1.369	147.21	59.51
DRUGS	1	1	.00	.00	.007	.00	.00
ANESTHESIA	1	1	100.00	100.00	.007	100.00	.71
PERIODONTICS	48	60	5,842.00	97.37	.426	121.71	41.43
ENDODONTICS	31	62	9,285.00	149.76	.440	299.52	65.85
RESTORATIVE DENTISTRY	94	230	18,114.00	78.76	1.631	192.70	128.47
PROSTHETICS	6	6	90.00	15.00	.043	15.00	.64
DENTURES, STAYPLATES	32	76	11,966.00	157.45	.539	373.94	84.87
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	12	33	.00	.00	.234	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 18,082
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
YOLO COUNTY	SUMMARY OF SERVICES FOR MEDICALLY NEEDY - DISABLED						

141 ELIGIBLES		USERS		UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES		AVERAGE COST PER UNIT/DAY		MONTHLY AVERAGE UNITS/DAYS PER ELIG		COST PER USER		COST PER ELIGIBLE	
@OPTOMETRIST	17			48	\$	817.80		\$ 17.04		.340	\$	48.11	\$	5.80	
DIAGNOSTIC AND ANC. PROCED	1			1		39.44		39.44		.007		39.44		.28	

EYE APPLIANCES	17	47		778.36	16.56	.333	45.79	5.52
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$	.00	.00	.000	\$.00	\$.00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	4	4	\$	9.06	2.27	.028	\$ 2.27	\$.06
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	4	4		9.06	2.27	.028	2.27	.06
@HOME HEALTH AGENCY	0	0	\$	.00	.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$	.00	.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$	.00	.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	15	126	\$	145,639.37	1155.87	.894	\$ 9709.29	\$ 1032.90
HOSP INPATIENT TOTAL	12	113		145,508.51	1287.69	.801	12125.71	1031.98
HSC HOSPITALS	2	83		129,480.00	1560.00	.589	64740.00	918.30
NON-HSC HOSPITAL TOTAL	1	30		9,946.53	331.55	.213	9946.53	70.54
ACCOMMODATIONS	1	30		6,939.00	231.30	.213	6939.00	49.21
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	30		6,939.00	231.30	.213	6939.00	49.21
ANCILLARIES	1	0		3,007.53	.00	.000	3007.53	21.33
INPATIENT CROSSOVERS	9	0		6,081.98	.00	.000	675.78	43.13
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	4	13		130.86	10.07	.092	32.72	.93
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	1	3		40.76	13.59	.021	40.76	.29
RADIOLOGY	1	1		20.09	20.09	.007	20.09	.14
ROOM USE	1	1		34.31	34.31	.007	34.31	.24
CROSSOVERS/ALL OTH OUTPTNT	2	8		35.70	4.46	.057	17.85	.25
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00

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YOLO COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - DISABLED

141 ELIGIBLES

USERS

UNITS OF SERVICE

EXPENDITURES

AVERAGE COST UNITS/DAYS COST PER

COST PER

----- MONTHLY AVERAGE -----

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	15	126	\$	145,639.37	\$ 1155.87	.894	\$ 9709.29	\$ 1032.90
COMM HOSP INPATIENT TOTAL	12	113		145,508.51	1287.69	.801	12125.71	1031.98
HSC HOSPITALS	2	83		129,480.00	1560.00	.589	64740.00	918.30
NON-HSC HOSPITALS TOTAL	1	30		9,946.53	331.55	.213	9946.53	70.54
ACCOMMODATIONS	1	30		6,939.00	231.30	.213	6939.00	49.21
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	30		6,939.00	231.30	.213	6939.00	49.21
ANCILLARIES	1	0		3,007.53	.00	.000	3007.53	21.33
INPATIENT CROSSOVERS	9	0		6,081.98	.00	.000	675.78	43.13
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	4	13		130.86	10.07	.092	32.72	.93
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	1	3		40.76	13.59	.021	40.76	.29
RADIOLOGY	1	1		20.09	20.09	.007	20.09	.14
ROOM USE	1	1		34.31	34.31	.007	34.31	.24
CROSSOVERS/ALL OTH OUTPTNT	2	8		35.70	4.46	.057	17.85	.25
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	28	872	\$	85,497.79	\$ 98.05	6.184	\$ 3053.49	\$ 606.37
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	9	289		29,174.20	100.95	2.050	3241.58	206.91
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	1	22		11,567.30	525.79	.156	11567.30	82.04
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	18	561		44,756.29	79.78	3.979	2486.46	317.42
@INTERMEDIATE CARE FACIL.-DD	1	122	\$	22,300.38	\$ 182.79	.865	\$ 22300.38	\$ 158.16
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	1	122		22,300.38	182.79	.865	22300.38	158.16
@HEMODIALYSIS TOTAL	2	4	\$	919.41	\$ 229.85	.028	\$ 459.71	\$ 6.52
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	2	4		919.41	229.85	.028	459.71	6.52
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	1	15	\$	260.70	\$ 17.38	.106	\$ 260.70	\$ 1.85
PATHOLOGY	1	15		260.70	17.38	.106	260.70	1.85
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	10	25	\$	1,493.81	\$ 59.75	.177	\$ 149.38	\$ 10.59
CLINIC	3	18		453.23	25.18	.128	151.08	3.21
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	7	7		1,040.58	148.65	.050	148.65	7.38
#CALIF DEPT OF HEALTH SERV								
MOP024								
YOLO COUNTY								

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR MEDICALLY NEEDY - DISABLED
PAGE 18,084
03/14/05

	141 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	329		18,124	\$ 92,731.31	\$ 5.12	128.539	\$ 281.86	\$ 657.67
DURABLE MED. EQUIP.	2		13	3,651.33	280.87	.092	1825.67	25.90
BLOOD BANK	0		0	.00	.00	.000	.00	.00

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	3	1	42.64	42.64	.007	14.21	.30
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	3	1	42.64	42.64	.007	14.21	.30
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	32	399	27,762.42	69.58	2.830	867.58	196.90
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	4	21	559.99	26.67	.149	140.00	3.97
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	99	215	2,322.61	10.80	1.525	23.46	16.47
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	2	2	1.62	.81	.014	.81	.01
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	183	17,162	57,987.43	3.38	121.716	316.87	411.26
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	6	311	403.27	1.30	2.206	67.21	2.86
@CALIF. CHILDREN SERVICES*	4	1,272	\$ 142,547.14	\$ 112.07	9.021	\$ 35636.79	\$ 1010.97
@XOVER EXCLUDING STATE HOSP**	40	54	\$ 2,708.20CR	\$ 50.15CR	.383	\$ 67.71CR	\$ 19.21CR

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
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YOLO COUNTY

SUMMARY OF SERVICES FOR MEDICALLY NEEDY - FAMILIES

26,275 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@TOTAL, ALL PROVIDERS	14,482	69,167	\$ 2,602,378.98	\$ 37.62	2.632	\$ 179.70	\$ 99.04
@PHYSICIANS SERVICES	1,127	3,436	\$ 183,330.58	\$ 53.36	.131	\$ 162.67	\$ 6.98
OUTPATIENT VISITS	517	1,170	40,062.50	34.24	.045	77.49	1.52
OFFICE VISITS	105	132	6,167.34	46.72	.005	58.74	.23
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	208	217	12,781.10	58.90	.008	61.45	.49
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	217	814	20,944.31	25.73	.031	96.52	.80
OTHER OUTPATIENT	7	7	169.75	24.25	.000	24.25	.01
INPATIENT VISITS	90	232	16,245.80	70.03	.009	180.51	.62
HOSPITAL VISITS	81	160	7,128.68	44.55	.006	88.01	.27
CRITICAL CARE	13	72	9,117.12	126.63	.003	701.32	.35
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	3	3	138.01	46.00	.000	46.00	.01
EXAMINATIONS	3	3	138.01	46.00	.000	46.00	.01
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	148	584	76,891.26	131.66	.022	519.54	2.93
PRINCIPAL SURGEON	84	90	60,093.32	667.70	.003	715.40	2.29
ASSISTANT SURGEON	19	19	3,530.42	185.81	.001	185.81	.13
ANESTHESIOLOGIST	70	475	13,267.52	27.93	.018	189.54	.50
OUTPATIENT SURGERY	86	171	10,066.36	58.87	.007	117.05	.38
PRINCIPAL SURGEON	76	111	8,428.01	75.93	.004	110.89	.32
ASSISTANT SURGEON	1	1	107.22	107.22	.000	107.22	.00
ANESTHESIOLOGIST	11	59	1,531.13	25.95	.002	139.19	.06
DIALYSIS	2	3	618.86	206.29	.000	309.43	.02
PATHOLOGY	174	548	7,569.91	13.81	.021	43.51	.29
RADIOLOGY	420	550	25,788.68	46.89	.021	61.40	.98
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	8	14	437.66	31.26	.001	54.71	.02
OTHER SERVICES/ALL X-OVERS	107	161	5,511.54	34.23	.006	51.51	.21
@PHARMACY	1,110	1,890	\$ 130,049.30	\$ 68.81	.072	\$ 117.16	\$ 4.95
PRESCRIPTION DRUGS	1,092	1,801	123,121.48	68.36	.069	112.75	4.69
SNF/ICF	1	3	267.67	89.22	.000	267.67	.01
OUTPATIENTS	1,092	1,798	122,853.81	68.33	.068	112.50	4.68
MEDICAL SUPPLIES	44	89	6,927.82	77.84	.003	157.45	.26
@DENTIST	6,665	34,001	\$ 933,878.70	\$ 27.47	1.294	\$ 140.12	\$ 35.54
VISITS - DIAGNOSTIC	4,957	24,113	288,257.65	11.95	.918	58.15	10.97
ORAL SURGERY	827	1,472	74,603.35	50.68	.056	90.21	2.84
DRUGS	40	42	900.00	21.43	.002	22.50	.03
ANESTHESIA	2	2	200.00	100.00	.000	100.00	.01
PERIODONTICS	335	360	32,444.10	90.12	.014	96.85	1.23
ENDODONTICS	596	1,020	155,676.25	152.62	.039	261.20	5.92
RESTORATIVE DENTISTRY	2,321	5,982	325,687.15	54.44	.228	140.32	12.40
PROSTHETICS	47	53	1,730.00	32.64	.002	36.81	.07
DENTURES, STAYPLATES	94	449	28,097.10	62.58	.017	298.91	1.07
SPACE MAINTAINERS	42	52	5,505.10	105.87	.002	131.07	.21
MAXILLOFACIAL SERVICES	5	5	200.00	40.00	.000	40.00	.01
FRACTURES, DISLOCATIONS	1	1	1,200.00	1200.00	.000	1200.00	.05
ORTHODONTIC SERVICES	207	273	18,103.00	66.31	.010	87.45	.69
ALL OTHER SERVICES	175	177	1,275.00	7.20	.007	7.29	.05

YOLO COUNTY

SUMMARY OF SERVICES FOR MEDICALLY NEEDY - FAMILIES

26,275 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@OPTOMETRIST	76	174	\$ 3,525.98	\$ 20.26	.007	\$ 46.39	\$.13
DIAGNOSTIC AND ANC. PROCED	30	33	1,383.45	41.92	.001	46.12	.05
EYE APPLIANCES	65	141	2,142.53	15.20	.005	32.96	.08
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	2	4	\$ 264.03	\$ 66.01	.000	\$ 132.02	\$.01
NURSE ANESTHESIST	2	14	\$ 300.65	\$ 21.48	.001	\$ 150.33	\$.01
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	857	3,581	\$ 859,235.03	\$ 239.94	.136	\$ 1002.61	\$ 32.70
HOSP INPATIENT TOTAL	198	676	787,920.45	1165.56	.026	3979.40	29.99
HSC HOSPITALS	56	187	249,842.42	1336.06	.007	4461.47	9.51
NON-HSC HOSPITAL TOTAL	144	489	538,078.03	1100.36	.019	3736.65	20.48
ACCOMMODATIONS	144	489	165,190.83	337.81	.019	1147.16	6.29
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	144	489	165,190.83	337.81	.019	1147.16	6.29
ANCILLARIES	143	0	372,887.20	.00	.000	2607.60	14.19
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	747	2,905	71,314.58	24.55	.111	95.47	2.71
MEDICAL	84	101	2,666.50	26.40	.004	31.74	.10
SURGERY	98	171	4,972.34	29.08	.007	50.74	.19
PATHOLOGY	337	1,336	15,116.39	11.31	.051	44.86	.58
RADIOLOGY	225	302	19,743.76	65.38	.011	87.75	.75
ROOM USE	357	445	17,318.51	38.92	.017	48.51	.66
CROSSOVERS/ALL OTH OUTPTNT	333	550	11,497.08	20.90	.021	34.53	.44
@COUNTY HOSPITAL TOTAL	9	20	\$ 6,065.04	\$ 303.25	.001	\$ 673.89	\$.23
CO HOSPITAL INPATIENT TOTAL	2	4	5,406.04	1351.51	.000	2703.02	.21
HSC HOSPITALS	2	4	5,406.04	1351.51	.000	2703.02	.21
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	8	16	659.00	41.19	.001	82.38	.03
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	1	1	81.07	81.07	.000	81.07	.00
PATHOLOGY	1	6	50.74	8.46	.000	50.74	.00
RADIOLOGY	1	1	.00	.00	.000	.00	.00
ROOM USE	2	4	252.37	63.09	.000	126.19	.01

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
26,275 ELIGIBLES							
@COMMUNITY HOSPITAL TOTAL	851	3,561	\$ 853,169.99	\$ 239.59	.136	\$ 1002.55	\$ 32.47
COMM HOSP INPATIENT TOTAL	196	672	782,514.41	1164.46	.026	3992.42	29.78
HSC HOSPITALS	54	183	244,436.38	1335.72	.007	4526.60	9.30
NON-HSC HOSPITALS TOTAL	144	489	538,078.03	1100.36	.019	3736.65	20.48
ACCOMMODATIONS	144	489	165,190.83	337.81	.019	1147.16	6.29
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	144	489	165,190.83	337.81	.019	1147.16	6.29
ANCILLARIES	143	0	372,887.20	.00	.000	2607.60	14.19
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	742	2,889	70,655.58	24.46	.110	95.22	2.69
MEDICAL	84	101	2,666.50	26.40	.004	31.74	.10
SURGERY	97	170	4,891.27	28.77	.006	50.43	.19
PATHOLOGY	337	1,330	15,065.65	11.33	.051	44.71	.57
RADIOLOGY	224	301	19,743.76	65.59	.011	88.14	.75
ROOM USE	356	441	17,066.14	38.70	.017	47.94	.65
CROSSOVERS/ALL OTH OUTPTNT	329	546	11,222.26	20.55	.021	34.11	.43
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	6	95	\$ 12,957.05	\$ 136.39	.004	\$ 2159.51	\$.49
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	6	95	12,957.05	136.39	.004	2159.51	.49
@REHABILITATION FACILITY	15	226	\$ 3,532.84	\$ 15.63	.009	\$ 235.52	\$.13
HOSPITAL BASED	2	3	72.91	24.30	.000	36.46	.00
INDEPENDENT FACILITY	13	223	3,459.93	15.52	.008	266.15	.13
@LABORATORY FACILITY	609	1,541	\$ 22,806.85	\$ 14.80	.059	\$ 37.45	\$.87
PATHOLOGY	609	1,541	22,806.85	14.80	.059	37.45	.87
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	1,283	7,480	\$ 263,007.88	\$ 35.16	.285	\$ 204.99	\$ 10.01
CLINIC	830	6,863	181,719.69	26.48	.261	218.94	6.92
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	453	617	81,288.19	131.75	.023	179.44	3.09
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 18,088
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
YOLO COUNTY	SUMMARY OF SERVICES FOR MEDICALLY NEEDY - FAMILIES						

26,275 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	4,797	16,725	\$ 189,490.09	\$ 11.33	.637	\$ 39.50	\$ 7.21
DURABLE MED. EQUIP.	3	6	216.54	36.09	.000	72.18	.01
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	55	406	7,924.53	19.52	.015	144.08	.30
AMBULANCES/AIR TRANS	54	405	6,124.53	15.12	.015	113.42	.23
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	1	1,800.00	1800.00	.000	1800.00	.07
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	164	164	17,220.00	105.00	.006	105.00	.66
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	907	1,912	17,253.21	9.02	.073	19.02	.66
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	1	61.00	61.00	.000	61.00	.00
PROSTHETICS	1	1	61.00	61.00	.000	61.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	1	2	113.97	56.99	.000	113.97	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	3,694	14,233	146,692.83	10.31	.542	39.71	5.58
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	1	8.01	8.01	.000	8.01	.00
@CALIF. CHILDREN SERVICES*	76	1,668	\$ 66,753.71	\$ 40.02	.063	\$ 878.34	\$ 2.54
@XOVER EXCLUDING STATE HOSP**	5	8	\$ 2,625.45	\$ 328.18	.000	\$ 525.09	\$.10

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
MOP024 FEE-FOR-SERVICE/DENTAL
YOLO COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - TOTAL

PAGE 18,089
03/14/05

26,709 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	17,631	100,703	\$ 4,207,513.37	\$ 41.78	3.770	\$ 238.64	\$ 157.53
@PHYSICIANS SERVICES	1,197	3,762	\$ 202,842.29	\$ 53.92	.141	\$ 169.46	\$ 7.59
OUTPATIENT VISITS	526	1,179	40,599.27	34.44	.044	77.18	1.52
OFFICE VISITS	108	135	6,266.54	46.42	.005	58.02	.23
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	212	221	13,149.94	59.50	.008	62.03	.49
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	217	814	20,944.31	25.73	.030	96.52	.78
OTHER OUTPATIENT	9	9	238.48	26.50	.000	26.50	.01
INPATIENT VISITS	99	356	31,094.34	87.34	.013	314.08	1.16
HOSPITAL VISITS	90	215	8,959.22	41.67	.008	99.55	.34
CRITICAL CARE	16	140	22,107.62	157.91	.005	1381.73	.83
SNF/ICF/TRANS IP CARE	1	1	27.50	27.50	.000	27.50	.00
OPHTHALMOLOGICAL SERVICES	3	3	138.01	46.00	.000	46.00	.01

EXAMINATIONS	3	3	138.01	46.00	.000	46.00	.01
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	153	607	78,174.86	128.79	.023	510.95	2.93
PRINCIPAL SURGEON	86	92	60,852.10	661.44	.003	707.58	2.28
ASSISTANT SURGEON	19	19	3,530.42	185.81	.001	185.81	.13
ANESTHESIOLOGIST	73	496	13,792.34	27.81	.019	188.94	.52
OUTPATIENT SURGERY	88	173	10,372.21	59.95	.006	117.87	.39
PRINCIPAL SURGEON	78	113	8,733.86	77.29	.004	111.97	.33
ASSISTANT SURGEON	1	1	107.22	107.22	.000	107.22	.00
ANESTHESIOLOGIST	11	59	1,531.13	25.95	.002	139.19	.06
DIALYSIS	2	3	618.86	206.29	.000	309.43	.02
PATHOLOGY	175	552	7,725.24	14.00	.021	44.14	.29
RADIOLOGY	435	592	26,729.42	45.15	.022	61.45	1.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	8	14	437.66	31.26	.001	54.71	.02
OTHER SERVICES/ALL X-OVERS	154	283	6,952.42	24.57	.011	45.15	.26
@PHARMACY	2,769	5,601	\$ 811,408.52	\$ 144.87	.210	\$ 293.03	\$ 30.38
PRESCRIPTION DRUGS	2,750	5,508	804,314.43	146.03	.206	292.48	30.11
SNF/ICF	538	1,345	184,015.03	136.81	.050	342.04	6.89
OUTPATIENTS	2,232	4,163	620,299.40	149.00	.156	277.91	23.22
MEDICAL SUPPLIES	47	93	7,094.09	76.28	.003	150.94	.27
@DENTIST	7,678	38,486	\$ 1,097,027.20	\$ 28.50	1.441	\$ 142.88	\$ 41.07
VISITS - DIAGNOSTIC	5,687	27,153	322,313.15	11.87	1.017	56.68	12.07
ORAL SURGERY	956	1,866	92,472.35	49.56	.070	96.73	3.46
DRUGS	42	44	925.00	21.02	.002	22.02	.03
ANESTHESIA	3	3	300.00	100.00	.000	100.00	.01
PERIODONTICS	460	501	50,733.10	101.26	.019	110.29	1.90
ENDODONTICS	642	1,100	168,690.75	153.36	.041	262.76	6.32
RESTORATIVE DENTISTRY	2,497	6,437	358,117.65	55.63	.241	143.42	13.41
PROSTHETICS	58	64	2,000.00	31.25	.002	34.48	.07
DENTURES, STAYPLATES	219	773	75,192.10	97.27	.029	343.34	2.82
SPACE MAINTAINERS	42	52	5,505.10	105.87	.002	131.07	.21

MAXILLOFACIAL SERVICES	5	5	200.00	40.00	.000	40.00	.01
FRACTURES, DISLOCATIONS	1	1	1,200.00	1200.00	.000	1200.00	.04
ORTHODONTIC SERVICES	207	273	18,103.00	66.31	.010	87.45	.68
ALL OTHER SERVICES	193	214	1,275.00	5.96	.008	6.61	.05

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,090
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
YOLO COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDED - TOTAL

26,709 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	105	260	\$ 5,130.64	\$ 19.73	.010	\$ 48.86	\$.19
DIAGNOSTIC AND ANC. PROCED	38	41	1,727.59	42.14	.002	45.46	.06
EYE APPLIANCES	92	219	3,403.05	15.54	.008	36.99	.13
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	22	22	\$ 85.18	\$ 3.87	.001	\$ 3.87	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	22	22	85.18	3.87	.001	3.87	.00
@HOME HEALTH AGENCY	2	4	\$ 264.03	\$ 66.01	.000	\$ 132.02	\$.01
NURSE ANESTHESIST	2	14	\$ 300.65	\$ 21.48	.001	\$ 150.33	\$.01
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	893	3,782	\$ 1,046,478.81	\$ 276.70	.142	\$ 1171.87	\$ 39.18
HOSP INPATIENT TOTAL	217	807	973,998.80	1206.94	.030	4488.47	36.47
HSC HOSPITALS	59	272	381,902.42	1404.05	.010	6472.92	14.30
NON-HSC HOSPITAL TOTAL	149	535	585,138.40	1093.72	.020	3927.10	21.91
ACCOMMODATIONS	149	535	179,443.33	335.41	.020	1204.32	6.72
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	149	535	179,443.33	335.41	.020	1204.32	6.72
ANCILLARIES	148	0	405,695.07	.00	.000	2741.18	15.19
INPATIENT CROSSOVERS	11	0	6,957.98	.00	.000	632.54	.26
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	765	2,975	72,480.01	24.36	.111	94.75	2.71
MEDICAL	87	105	2,812.02	26.78	.004	32.32	.11
SURGERY	98	171	4,972.34	29.08	.006	50.74	.19
PATHOLOGY	348	1,375	15,584.53	11.33	.051	44.78	.58
RADIOLOGY	230	308	19,977.05	64.86	.012	86.86	.75
ROOM USE	361	450	17,510.16	38.91	.017	48.50	.66
CROSSOVERS/ALL OTH OUTPTNT	339	566	11,623.91	20.54	.021	34.29	.44
@COUNTY HOSPITAL TOTAL	9	20	\$ 6,065.04	\$ 303.25	.001	\$ 673.89	\$.23
CO HOSPITAL INPATIENT TOTAL	2	4	5,406.04	1351.51	.000	2703.02	.20
HSC HOSPITALS	2	4	5,406.04	1351.51	.000	2703.02	.20
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

CO HOSP OUTPATIENT TOTAL	8	16	659.00	41.19	.001	82.38	.02
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	1	1	81.07	81.07	.000	81.07	.00
PATHOLOGY	1	6	50.74	8.46	.000	50.74	.00
RADIOLOGY	1	1	.00	.00	.000	.00	.00
ROOM USE	2	4	252.37	63.09	.000	126.19	.01
CROSSOVERS/ALL OTH OUTPTNT	4	4	274.82	68.71	.000	68.71	.01

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MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
YOLO COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - TOTAL

	26,709 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	887	3,762	\$	1,040,413.77	\$ 276.56	.141	\$ 1172.96	\$ 38.95
COMM HOSP INPATIENT TOTAL	215	803		968,592.76	1206.22	.030	4505.08	36.26
HSC HOSPITALS	57	268		376,496.38	1404.84	.010	6605.20	14.10
NON-HSC HOSPITALS TOTAL	149	535		585,138.40	1093.72	.020	3927.10	21.91
ACCOMMODATIONS	149	535		179,443.33	335.41	.020	1204.32	6.72
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	149	535		179,443.33	335.41	.020	1204.32	6.72
ANCILLARIES	148	0		405,695.07	.00	.000	2741.18	15.19
INPATIENT CROSSOVERS	11	0		6,957.98	.00	.000	632.54	.26
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	760	2,959		71,821.01	24.27	.111	94.50	2.69
MEDICAL	87	105		2,812.02	26.78	.004	32.32	.11
SURGERY	97	170		4,891.27	28.77	.006	50.43	.18
PATHOLOGY	348	1,369		15,533.79	11.35	.051	44.64	.58
RADIOLOGY	229	307		19,977.05	65.07	.011	87.24	.75
ROOM USE	360	446		17,257.79	38.69	.017	47.94	.65
CROSSOVERS/ALL OTH OUTPTNT	335	562		11,349.09	20.19	.021	33.88	.42
@STATE HOSPITAL	3	92	\$	76,940.64	\$ 836.31	.003	\$ 25646.88	\$ 2.88
MENTALLY ILL	0	0		15,450.28	.00	.000	.00	.58
DEVELOP. DISABLED	3	92		61,490.36	668.37	.003	20496.79	2.30
@NURSING FACILITY	100	3,160	\$	295,648.02	\$ 93.56	.118	\$ 2956.48	\$ 11.07
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	31	1,017		105,168.16	103.41	.038	3392.52	3.94
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	1	22		11,567.30	525.79	.001	11567.30	.43
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	68	2,121		178,912.56	84.35	.079	2631.07	6.70
@INTERMEDIATE CARE FACIL.-DD	1	122	\$	22,300.38	\$ 182.79	.005	\$ 22300.38	\$.83
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	1	122		22,300.38	182.79	.005	22300.38	.83
@HEMODIALYSIS TOTAL	8	99	\$	13,876.46	\$ 140.17	.004	\$ 1734.56	\$.52
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	8	99		13,876.46	140.17	.004	1734.56	.52
@REHABILITATION FACILITY	15	226	\$	3,532.84	\$ 15.63	.008	\$ 235.52	\$.13
HOSPITAL BASED	2	3		72.91	24.30	.000	36.46	.00
INDEPENDENT FACILITY	13	223		3,459.93	15.52	.008	266.15	.13
@LABORATORY FACILITY	611	1,570	\$	23,170.61	\$ 14.76	.059	\$ 37.92	\$.87
PATHOLOGY	611	1,570		23,170.61	14.76	.059	37.92	.87
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	1,312	7,537	\$	268,086.00	\$ 35.57	.282	\$ 204.33	\$ 10.04
CLINIC	834	6,885		182,253.68	26.47	.258	218.53	6.82

SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	478	652	85,832.32	131.64	.024	179.57	3.21

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,092
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
YOLO COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - TOTAL

26,709 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	5,347	35,966	\$ 340,421.10	\$ 9.47	1.347	\$ 63.67	\$ 12.75
DURABLE MED. EQUIP.	5	19	3,867.87	203.57	.001	773.57	.14
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	61	428	8,191.87	19.14	.016	134.29	.31
AMBULANCES/AIR TRANS	55	413	6,273.91	15.19	.015	114.07	.23
OTHER TRANS	2	13	75.32	5.79	.000	37.66	.00
OTHER SERVICES	4	2	1,842.64	921.32	.000	460.66	.07
ACUPUNCTURE	1	2	32.44	16.22	.000	32.44	.00
ADULT DAY HEALTH CARE CTR	100	1,169	81,185.18	69.45	.044	811.85	3.04
GENETIC DISEASE TESTING	164	164	17,220.00	105.00	.006	105.00	.64
IHMC,MODEL-NF,NF,AIDS,MSSP	6	25	1,039.99	41.60	.001	173.33	.04
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1,149	2,440	23,226.87	9.52	.091	20.21	.87
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	2	2	1.62	.81	.000	.81	.00
PROSTHETIST/ORTHOTISTS	1	1	61.00	61.00	.000	61.00	.00
PROSTHETICS	1	1	61.00	61.00	.000	61.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	1	2	113.97	56.99	.000	113.97	.00
SPEECH AND AUDIOLOGY	1	3	144.59	48.20	.000	144.59	.01
HOSPICE SERVICES	1	2	227.24	113.62	.000	227.24	.01
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	3,877	31,395	204,680.26	6.52	1.175	52.79	7.66
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	9	314	428.20	1.36	.012	47.58	.02
@CALIF. CHILDREN SERVICES*	80	2,940	\$ 209,300.85	\$ 71.19	.110	\$ 2616.26	\$ 7.84
@XOVER EXCLUDING STATE HOSP**	87	163	\$ 25,350.16CR	\$ 155.52CR	.006	\$ 291.38CR\$	.95CR

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 18,093
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
YOLO COUNTY	SUMMARY OF SERVICES FOR MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 8E 8W	

7,070 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	2,843	11,166	\$ 400,716.17	\$ 35.89	1.579	\$ 140.95	\$ 56.68
@PHYSICIANS SERVICES	700	1,266	\$ 49,056.31	\$ 38.75	.179	\$ 70.08	\$ 6.94
OUTPATIENT VISITS	559	722	26,554.64	36.78	.102	47.50	3.76
OFFICE VISITS	434	561	18,914.24	33.72	.079	43.58	2.68
HOME VISITS	1	1	44.95	44.95	.000	44.95	.01
EMERGENCY ROOM	125	130	6,409.81	49.31	.018	51.28	.91
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	3	2	240.96	120.48	.000	80.32	.03

OTHER OUTPATIENT	19	28		944.68	33.74	.004	49.72	.13
INPATIENT VISITS	22	58		3,653.77	63.00	.008	166.08	.52
HOSPITAL VISITS	21	56		3,247.13	57.98	.008	154.63	.46
CRITICAL CARE	1	2		406.64	203.32	.000	406.64	.06
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	11	13		564.45	43.42	.002	51.31	.08
EXAMINATIONS	11	13		564.45	43.42	.002	51.31	.08
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	8	23		3,781.89	164.43	.003	472.74	.53
PRINCIPAL SURGEON	6	12		3,375.59	281.30	.002	562.60	.48
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	3	11		406.30	36.94	.002	135.43	.06
OUTPATIENT SURGERY	27	41		2,793.54	68.14	.006	103.46	.40
PRINCIPAL SURGEON	24	25		2,379.39	95.18	.004	99.14	.34
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	3	16		414.15	25.88	.002	138.05	.06
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	24	29		287.40	9.91	.004	11.98	.04
RADIOLOGY	131	158		4,403.49	27.87	.022	33.61	.62
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	2	3		132.76	44.25	.000	66.38	.02
OTHER SERVICES/ALL X-OVERS	94	219		6,884.37	31.44	.031	73.24	.97
@PHARMACY	1,104	2,722	\$	153,351.87	\$ 56.34	.385	\$ 138.91	\$ 21.69
PRESCRIPTION DRUGS	1,096	2,192		150,499.82	68.66	.310	137.32	21.29
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	1,096	2,192		150,499.82	68.66	.310	137.32	21.29
MEDICAL SUPPLIES	36	530		2,852.05	5.38	.075	79.22	.40
@DENTIST	480	3,058	\$	82,885.90	\$ 27.10	.433	\$ 172.68	\$ 11.72
VISITS - DIAGNOSTIC	384	2,307		34,062.90	14.77	.326	88.71	4.82
ORAL SURGERY	48	111		7,786.50	70.15	.016	162.22	1.10
DRUGS	3	3		75.00	25.00	.000	25.00	.01
ANESTHESIA	2	2		200.00	100.00	.000	100.00	.03
PERIODONTICS	10	10		931.00	93.10	.001	93.10	.13
ENDODONTICS	25	57		9,794.25	171.83	.008	391.77	1.39
RESTORATIVE DENTISTRY	171	527		27,881.25	52.91	.075	163.05	3.94
PROSTHETICS	1	1		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	1	1		25.00	25.00	.000	25.00	.00
SPACE MAINTAINERS	5	5		560.00	112.00	.001	112.00	.08
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	14	19		1,570.00	82.63	.003	112.14	.22
ALL OTHER SERVICES	10	15		.00	.00	.002	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							PAGE 18,094
MOP024	FEE-FOR-SERVICE/DENTAL							03/14/05
YOLO COUNTY	SUMMARY OF SERVICES FOR MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 8E 8W							

						----- MONTHLY AVERAGE -----			
7,070 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE		
@OPTOMETRIST	43	114	\$ 2,585.25	\$ 22.68	.016	\$ 60.12	\$.37		
DIAGNOSTIC AND ANC. PROCED	32	34	1,454.32	42.77	.005	45.45	.21		
EYE APPLIANCES	28	80	1,130.93	14.14	.011	40.39	.16		
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00		
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00		
VISITS	0	0	.00	.00	.000	.00	.00		
OTHER SERVICES	0	0	.00	.00	.000	.00	.00		
@PODIATRIST	2	2	\$ 48.00	\$ 24.00	.000	\$ 24.00	\$.01		

MEDICINE/INJECTIONS	2	2		48.00	24.00	.000	24.00	.01
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$	.00	.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$	.00	.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$	.00	.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	263	728	\$	46,706.38	\$ 64.16	.103	\$ 177.59	\$ 6.61
HOSP INPATIENT TOTAL	9	21		27,658.47	1317.07	.003	3073.16	3.91
HSC HOSPITALS	5	14		20,000.00	1428.57	.002	4000.00	2.83
NON-HSC HOSPITAL TOTAL	4	7		7,658.47	1094.07	.001	1914.62	1.08
ACCOMMODATIONS	4	7		3,565.00	509.29	.001	891.25	.50
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	4	7		3,565.00	509.29	.001	891.25	.50
ANCILLARIES	4	0		4,093.47	.00	.000	1023.37	.58
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	258	707		19,047.91	26.94	.100	73.83	2.69
MEDICAL	29	38		1,470.35	38.69	.005	50.70	.21
SURGERY	11	12		360.38	30.03	.002	32.76	.05
PATHOLOGY	61	225		2,193.66	9.75	.032	35.96	.31
RADIOLOGY	62	80		3,923.13	49.04	.011	63.28	.55
ROOM USE	180	206		7,606.24	36.92	.029	42.26	1.08
CROSSOVERS/ALL OTH OUTPTNT	90	146		3,494.15	23.93	.021	38.82	.49
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,095
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
YOLO COUNTY SUMMARY OF SERVICES FOR MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 8E 8W

7,070 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	263	728	\$ 46,706.38	\$ 64.16	.103	\$ 177.59	\$ 6.61
COMM HOSP INPATIENT TOTAL	9	21	27,658.47	1317.07	.003	3073.16	3.91
HSC HOSPITALS	5	14	20,000.00	1428.57	.002	4000.00	2.83
NON-HSC HOSPITALS TOTAL	4	7	7,658.47	1094.07	.001	1914.62	1.08
ACCOMMODATIONS	4	7	3,565.00	509.29	.001	891.25	.50
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	4	7	3,565.00	509.29	.001	891.25	.50
ANCILLARIES	4	0	4,093.47	.00	.000	1023.37	.58
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	258	707	19,047.91	26.94	.100	73.83	2.69
MEDICAL	29	38	1,470.35	38.69	.005	50.70	.21
SURGERY	11	12	360.38	30.03	.002	32.76	.05
PATHOLOGY	61	225	2,193.66	9.75	.032	35.96	.31
RADIOLOGY	62	80	3,923.13	49.04	.011	63.28	.55
ROOM USE	180	206	7,606.24	36.92	.029	42.26	1.08
CROSSOVERS/ALL OTH OUTPTNT	90	146	3,494.15	23.93	.021	38.82	.49
@STATE HOSPITAL	0	0	\$ 62.93	\$.00	.000	\$.00	\$.01
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	62.93	.00	.000	.00	.01
@NURSING FACILITY	0	0	.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	1	1	\$ 32.80	\$ 32.80	.000	\$ 32.80	\$.00
HOSPITAL BASED	1	1	32.80	32.80	.000	32.80	.00

INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	238	587	\$ 5,495.02	\$ 9.36	.083	\$ 23.09	\$.78
PATHOLOGY	238	587	5,495.02	9.36	.083	23.09	.78
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	420	792	\$ 33,099.62	\$ 41.79	.112	\$ 78.81	\$ 4.68
CLINIC	287	598	11,743.50	19.64	.085	40.92	1.66
SURGICENTER	3	14	525.40	37.53	.002	175.13	.07
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	130	180	20,830.72	115.73	.025	160.24	2.95

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,096
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
YOLO COUNTY SUMMARY OF SERVICES FOR MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 8E 8W

	7,070 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	243		1,896	\$ 27,392.09	\$ 14.45	.268	\$ 112.72	\$ 3.87
DURABLE MED. EQUIP.	5		12	1,317.77	109.81	.002	263.55	.19
BLOOD BANK	0		0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0		0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	9		73	1,126.20	15.43	.010	125.13	.16
AMBULANCES/AIR TRANS	9		73	1,126.20	15.43	.010	125.13	.16
OTHER TRANS	0		0	.00	.00	.000	.00	.00
OTHER SERVICES	0		0	.00	.00	.000	.00	.00
ACUPUNCTURE	0		0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0		0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	11		11	1,155.00	105.00	.002	105.00	.16
IHMC,MODEL-NF,NF,AIDS,MSSP	0		0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0		0	.00	.00	.000	.00	.00
OPTICIAN	77		168	1,388.46	8.26	.024	18.03	.20
PHYSICAL THERAPIST	2		20	294.15	14.71	.003	147.08	.04
PORTABLE X-RAY	0		0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0		0	.00	.00	.000	.00	.00
PROSTHETICS	0		0	.00	.00	.000	.00	.00
ORTHOTICS	0		0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0		0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1		2	68.46	34.23	.000	68.46	.01
HOSPICE SERVICES	0		0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0		0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	138		915	11,256.30	12.30	.129	81.57	1.59
EPSDT SUPPLEMENTAL SERVICE	1		350	10,293.50	29.41	.050	10293.50	1.46
RESPIRATORY CARE PRACT.	0		0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0		0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	2		345	492.25	1.43	.049	246.13	.07
@CALIF. CHILDREN SERVICES*	52		257	\$ 33,441.36	\$ 130.12	.036	\$ 643.10	\$ 4.73
@XOVER EXCLUDING STATE HOSP**	0		0	.00	.00	.000	.00	.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 18,097
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
YOLO COUNTY	SUMMARY OF SERVICES FOR MIC - SOC	AID CODE 83

	05 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	55		241	\$ 3,803.58	\$ 15.78	48.200	\$ 69.16	\$ 760.72
@PHYSICIANS SERVICES	0		0	.00	.00	.000	.00	.00

OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	1	3	\$ 308.10CR	\$ 102.70CR	.600	\$ 308.10CR\$	61.62CR
PRESCRIPTION DRUGS	1	3	308.10CR	102.70CR	.600	308.10CR	61.62CR
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	1	3	308.10CR	102.70CR	.600	308.10CR	61.62CR
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	51	233	\$ 4,068.00	\$ 17.46	46.600	\$ 79.76	\$ 813.60
VISITS - DIAGNOSTIC	45	142	538.00	3.79	28.400	11.96	107.60
ORAL SURGERY	8	18	1,467.00	81.50	3.600	183.38	293.40
DRUGS	1	1	.00	.00	.200	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	2	2	118.00	59.00	.400	59.00	23.60
ENDODONTICS	3	20	497.00	24.85	4.000	165.67	99.40
RESTORATIVE DENTISTRY	9	44	1,413.00	32.11	8.800	157.00	282.60
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	2	2	35.00	17.50	.400	17.50	7.00
ALL OTHER SERVICES	4	4	.00	.00	.800	.00	.00

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05 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00

EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 18,099
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05 ELIGIBLES

USERS

UNITS OF SERVICE

EXPENDITURES

AVERAGE COST

----- MONTHLY AVERAGE -----

UNITS/DAYS COST PER

COST PER

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00

ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

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05 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	3	5	\$ 43.68	\$ 8.74	1.000	\$ 14.56	\$ 8.74
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	2	4	33.28	8.32	.800	16.64	6.66
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1	1	10.40	10.40	.200	10.40	2.08
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

YOLO COUNTY

SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - CHILDREN - TOTAL

7,075 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@TOTAL, ALL PROVIDERS	2,898	11,407	\$ 404,519.75	\$ 35.46	1.612	\$ 139.59	\$ 57.18
@PHYSICIANS SERVICES	700	1,266	\$ 49,056.31	\$ 38.75	.179	\$ 70.08	\$ 6.93
OUTPATIENT VISITS	559	722	26,554.64	36.78	.102	47.50	3.75
OFFICE VISITS	434	561	18,914.24	33.72	.079	43.58	2.67
HOME VISITS	1	1	44.95	44.95	.000	44.95	.01
EMERGENCY ROOM	125	130	6,409.81	49.31	.018	51.28	.91
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	3	2	240.96	120.48	.000	80.32	.03
OTHER OUTPATIENT	19	28	944.68	33.74	.004	49.72	.13
INPATIENT VISITS	22	58	3,653.77	63.00	.008	166.08	.52
HOSPITAL VISITS	21	56	3,247.13	57.98	.008	154.63	.46
CRITICAL CARE	1	2	406.64	203.32	.000	406.64	.06
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	11	13	564.45	43.42	.002	51.31	.08
EXAMINATIONS	11	13	564.45	43.42	.002	51.31	.08
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	8	23	3,781.89	164.43	.003	472.74	.53
PRINCIPAL SURGEON	6	12	3,375.59	281.30	.002	562.60	.48
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	3	11	406.30	36.94	.002	135.43	.06
OUTPATIENT SURGERY	27	41	2,793.54	68.14	.006	103.46	.39
PRINCIPAL SURGEON	24	25	2,379.39	95.18	.004	99.14	.34
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	3	16	414.15	25.88	.002	138.05	.06
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	24	29	287.40	9.91	.004	11.98	.04
RADIOLOGY	131	158	4,403.49	27.87	.022	33.61	.62
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	2	3	132.76	44.25	.000	66.38	.02
OTHER SERVICES/ALL X-OVERS	94	219	6,884.37	31.44	.031	73.24	.97
@PHARMACY	1,105	2,725	\$ 153,043.77	\$ 56.16	.385	\$ 138.50	\$ 21.63
PRESCRIPTION DRUGS	1,097	2,195	150,191.72	68.42	.310	136.91	21.23
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	1,097	2,195	150,191.72	68.42	.310	136.91	21.23
MEDICAL SUPPLIES	36	530	2,852.05	5.38	.075	79.22	.40
@DENTIST	531	3,291	\$ 86,953.90	\$ 26.42	.465	\$ 163.75	\$ 12.29
VISITS - DIAGNOSTIC	429	2,449	34,600.90	14.13	.346	80.65	4.89
ORAL SURGERY	56	129	9,253.50	71.73	.018	165.24	1.31
DRUGS	4	4	75.00	18.75	.001	18.75	.01
ANESTHESIA	2	2	200.00	100.00	.000	100.00	.03
PERIODONTICS	12	12	1,049.00	87.42	.002	87.42	.15
ENDODONTICS	28	77	10,291.25	133.65	.011	367.54	1.45
RESTORATIVE DENTISTRY	180	571	29,294.25	51.30	.081	162.75	4.14
PROSTHETICS	1	1	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	1	1	25.00	25.00	.000	25.00	.00
SPACE MAINTAINERS	5	5	560.00	112.00	.001	112.00	.08
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	16	21	1,605.00	76.43	.003	100.31	.23
ALL OTHER SERVICES	14	19	.00	.00	.003	.00	.00

YOLO COUNTY

SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - CHILDREN - TOTAL

7,075 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@OPTOMETRIST	43	114	\$ 2,585.25	\$ 22.68	.016	\$ 60.12	\$.37
DIAGNOSTIC AND ANC. PROCED	32	34	1,454.32	42.77	.005	45.45	.21
EYE APPLIANCES	28	80	1,130.93	14.14	.011	40.39	.16
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	2	2	\$ 48.00	\$ 24.00	.000	\$ 24.00	\$.01
MEDICINE/INJECTIONS	2	2	48.00	24.00	.000	24.00	.01
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	263	728	\$ 46,706.38	\$ 64.16	.103	\$ 177.59	\$ 6.60
HOSP INPATIENT TOTAL	9	21	27,658.47	1317.07	.003	3073.16	3.91
HSC HOSPITALS	5	14	20,000.00	1428.57	.002	4000.00	2.83
NON-HSC HOSPITAL TOTAL	4	7	7,658.47	1094.07	.001	1914.62	1.08
ACCOMMODATIONS	4	7	3,565.00	509.29	.001	891.25	.50
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	4	7	3,565.00	509.29	.001	891.25	.50
ANCILLARIES	4	0	4,093.47	.00	.000	1023.37	.58
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	258	707	19,047.91	26.94	.100	73.83	2.69
MEDICAL	29	38	1,470.35	38.69	.005	50.70	.21
SURGERY	11	12	360.38	30.03	.002	32.76	.05
PATHOLOGY	61	225	2,193.66	9.75	.032	35.96	.31
RADIOLOGY	62	80	3,923.13	49.04	.011	63.28	.55
ROOM USE	180	206	7,606.24	36.92	.029	42.26	1.08
CROSSOVERS/ALL OTH OUTPTNT	90	146	3,494.15	23.93	.021	38.82	.49
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
7,075 ELIGIBLES							
@COMMUNITY HOSPITAL TOTAL	263	728	\$ 46,706.38	\$ 64.16	.103	\$ 177.59	\$ 6.60
COMM HOSP INPATIENT TOTAL	9	21	27,658.47	1317.07	.003	3073.16	3.91
HSC HOSPITALS	5	14	20,000.00	1428.57	.002	4000.00	2.83
NON-HSC HOSPITALS TOTAL	4	7	7,658.47	1094.07	.001	1914.62	1.08
ACCOMMODATIONS	4	7	3,565.00	509.29	.001	891.25	.50
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	4	7	3,565.00	509.29	.001	891.25	.50
ANCILLARIES	4	0	4,093.47	.00	.000	1023.37	.58
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	258	707	19,047.91	26.94	.100	73.83	2.69
MEDICAL	29	38	1,470.35	38.69	.005	50.70	.21
SURGERY	11	12	360.38	30.03	.002	32.76	.05
PATHOLOGY	61	225	2,193.66	9.75	.032	35.96	.31
RADIOLOGY	62	80	3,923.13	49.04	.011	63.28	.55
ROOM USE	180	206	7,606.24	36.92	.029	42.26	1.08
CROSSOVERS/ALL OTH OUTPTNT	90	146	3,494.15	23.93	.021	38.82	.49
@STATE HOSPITAL	0	0	\$ 62.93	\$.00	.000	\$.00	\$.01
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	62.93	.00	.000	.00	.01
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	1	1	\$ 32.80	\$ 32.80	.000	\$ 32.80	\$.00
HOSPITAL BASED	1	1	32.80	32.80	.000	32.80	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	238	587	\$ 5,495.02	\$ 9.36	.083	\$ 23.09	\$.78
PATHOLOGY	238	587	5,495.02	9.36	.083	23.09	.78
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	420	792	\$ 33,099.62	\$ 41.79	.112	\$ 78.81	\$ 4.68
CLINIC	287	598	11,743.50	19.64	.085	40.92	1.66
SURGICENTER	3	14	525.40	37.53	.002	175.13	.07
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	130	180	20,830.72	115.73	.025	160.24	2.94
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 18,104
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
YOLO COUNTY	SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - CHILDREN - TOTAL						

7,075 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	246	1,901	\$ 27,435.77	\$ 14.43	.269	\$ 111.53	\$ 3.88
DURABLE MED. EQUIP.	5	12	1,317.77	109.81	.002	263.55	.19
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	9	73	1,126.20	15.43	.010	125.13	.16
AMBULANCES/AIR TRANS	9	73	1,126.20	15.43	.010	125.13	.16
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	11	11	1,155.00	105.00	.002	105.00	.16
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	79	172	1,421.74	8.27	.024	18.00	.20
PHYSICAL THERAPIST	2	20	294.15	14.71	.003	147.08	.04
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	2	68.46	34.23	.000	68.46	.01
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	139	916	11,266.70	12.30	.129	81.06	1.59
EPSDT SUPPLEMENTAL SERVICE	1	350	10,293.50	29.41	.049	10293.50	1.45
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	2	345	492.25	1.43	.049	246.13	.07
@CALIF. CHILDREN SERVICES*	52	257	\$ 33,441.36	\$ 130.12	.036	\$ 643.10	\$ 4.73

@XOVER EXCLUDING STATE HOSP** 0 0 \$.00 \$.00 .000 \$.00 \$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,105

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

YOLO COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - AID PAID PENDING AID CODE 81

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00

MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,106
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
YOLO COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - AID PAID PENDING AID CODE 81

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@OPTOMETRIST	0	0	\$.00	\$.00	.000		\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000		.00	.00
EYE APPLIANCES	0	0	.00	.00	.000		.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000		.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000		\$.00	\$.00
VISITS	0	0	.00	.00	.000		.00	.00
OTHER SERVICES	0	0	.00	.00	.000		.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000		\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000		.00	.00
SURGERY/ANES.	0	0	.00	.00	.000		.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000		.00	.00
OTHER	0	0	.00	.00	.000		.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000		\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000		\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000		\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000		\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000		\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000		\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000		.00	.00
HSC HOSPITALS	0	0	.00	.00	.000		.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000		.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000		.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000		.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000		.00	.00
ANCILLARIES	0	0	.00	.00	.000		.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000		.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000		.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000		.00	.00
MEDICAL	0	0	.00	.00	.000		.00	.00
SURGERY	0	0	.00	.00	.000		.00	.00
PATHOLOGY	0	0	.00	.00	.000		.00	.00
RADIOLOGY	0	0	.00	.00	.000		.00	.00
ROOM USE	0	0	.00	.00	.000		.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000		.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000		\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000		.00	.00
HSC HOSPITALS	0	0	.00	.00	.000		.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000		.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000		.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000		.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000		.00	.00
ANCILLARIES	0	0	.00	.00	.000		.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000		.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000		.00	.00

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,107
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
YOLO COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - AID PAID PENDING AID CODE 81

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00

SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,108
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
YOLO COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - AID PAID PENDING AID CODE 81

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 18,109
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
YOLO COUNTY	SUMMARY OF SERVICES FOR MIA - NO SOC - PREGNANT	AID CODE 86

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	88	198	\$ 9,096.96	\$ 45.94	.000	\$ 103.37	\$.00
@PHYSICIANS SERVICES	1	1	\$ 13.53	\$ 13.53	.000	\$ 13.53	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00

OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	0	0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	1	1		13.53	13.53	.000	13.53	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00	.00
@PHARMACY	0	1	\$	72.04CR	\$ 72.04CR	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	1		72.04CR	72.04CR	.000	.00	.00
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	0	1		72.04CR	72.04CR	.000	.00	.00
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	33	120	\$	4,327.00	\$ 36.06	.000	\$ 131.12	\$.00
VISITS - DIAGNOSTIC	22	71		1,235.00	17.39	.000	56.14	.00
ORAL SURGERY	3	7		253.00	36.14	.000	84.33	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00

PERIODONTICS	2	2	236.00	118.00	.000	118.00	.00
ENDODONTICS	3	3	648.00	216.00	.000	216.00	.00
RESTORATIVE DENTISTRY	14	36	1,955.00	54.31	.000	139.64	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	1	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,110
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
YOLO COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - PREGNANT AID CODE 86

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	16	17	\$ 716.45	\$ 42.14	.000	\$ 44.78	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	16	17	716.45	42.14	.000	44.78	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	16	17	716.45	42.14	.000	44.78	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,111
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
YOLO COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - PREGNANT AID CODE 86

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	16	17	\$ 716.45	\$ 42.14	.000	\$ 44.78	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	16	17	716.45	42.14	.000	44.78	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	16	17	716.45	42.14	.000	44.78	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00

INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.000	\$	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	7	16	\$	944.00	\$	59.00	\$	134.86
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	7	16		944.00	59.00	.000	134.86	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,112
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
YOLO COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - PREGNANT AID CODE 86

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	35	43	\$ 3,168.02	\$ 73.67	.000	\$ 90.51	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	29	29	3,045.00	105.00	.000	105.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	7	14	123.02	8.79	.000	17.57	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 18,113
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
YOLO COUNTY	SUMMARY OF SERVICES FOR MIA - NO SOC - TOTAL	

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	88	198	\$ 9,096.96	\$ 45.94	.000	\$ 103.37	\$.00
@PHYSICIANS SERVICES	1	1	\$ 13.53	\$ 13.53	.000	\$ 13.53	\$.00

OUTPATIENT VISITS	0	0		.00	.00	.000	.00	.00	
OFFICE VISITS	0	0		.00	.00	.000	.00	.00	
HOME VISITS	0	0		.00	.00	.000	.00	.00	
EMERGENCY ROOM	0	0		.00	.00	.000	.00	.00	
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00	
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00	
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00	
INPATIENT VISITS	0	0		.00	.00	.000	.00	.00	
HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00	
CRITICAL CARE	0	0		.00	.00	.000	.00	.00	
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00	
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00	
EXAMINATIONS	0	0		.00	.00	.000	.00	.00	
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00	
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00	
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00	
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00	
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00	
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00	
DIALYSIS	0	0		.00	.00	.000	.00	.00	
PATHOLOGY	0	0		.00	.00	.000	.00	.00	
RADIOLOGY	1	1		13.53	13.53	.000	13.53	.00	
PSYCHIATRY	0	0		.00	.00	.000	.00	.00	
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00	
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00	.00	
@PHARMACY	0	1	\$	72.04CR	\$ 72.04CR	.000	\$.00	\$.00	
PRESCRIPTION DRUGS	0	1		72.04CR	72.04CR	.000	.00	.00	
SNF/ICF	0	0		.00	.00	.000	.00	.00	
OUTPATIENTS	0	1		72.04CR	72.04CR	.000	.00	.00	
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00	
@DENTIST	33	120	\$	4,327.00	\$ 36.06	.000	\$ 131.12	\$.00	
VISITS - DIAGNOSTIC	22	71		1,235.00	17.39	.000	56.14	.00	
ORAL SURGERY	3	7		253.00	36.14	.000	84.33	.00	
DRUGS	0	0		.00	.00	.000	.00	.00	
ANESTHESIA	0	0		.00	.00	.000	.00	.00	
PERIODONTICS	2	2		236.00	118.00	.000	118.00	.00	
ENDODONTICS	3	3		648.00	216.00	.000	216.00	.00	
RESTORATIVE DENTISTRY	14	36		1,955.00	54.31	.000	139.64	.00	
PROSTHETICS	0	0		.00	.00	.000	.00	.00	
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00	
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00	
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00	
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00	
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00	
ALL OTHER SERVICES	1	1		.00	.00	.000	.00	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004								PAGE 18,114
MOP024	FEE-FOR-SERVICE/DENTAL								03/14/05
YOLO COUNTY	SUMMARY OF SERVICES FOR MIA - NO SOC - TOTAL								

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00

EYE APPLIANCES	0	0		.00		.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000	.00	.00
OTHER SERVICES	0	0		.00		.00	.000	.00	.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000	.00	.00
SURGERY/ANES.	0	0		.00		.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00		.00	.000	.00	.00
OTHER	0	0		.00		.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	16	17	\$	716.45	\$	42.14	.000	\$ 44.78	\$.00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	16	17		716.45		42.14	.000	44.78	.00
MEDICAL	0	0		.00		.00	.000	.00	.00
SURGERY	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
ROOM USE	0	0		.00		.00	.000	.00	.00

CROSSOVERS/ALL OTH OUTPTNT	16	17		716.45	42.14	.000	44.78	.00
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,115
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
YOLO COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - TOTAL

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	16	17	\$ 716.45	\$ 42.14	.000	\$ 44.78	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	16	17	716.45	42.14	.000	44.78	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	16	17	716.45	42.14	.000	44.78	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00

ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	7	16	\$	944.00	\$ 59.00	.000	\$ 134.86	\$.00
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	7	16		944.00	59.00	.000	134.86	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,116
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
YOLO COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - TOTAL

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@ALL OTHER PROVIDERS	35	43	\$ 3,168.02	\$ 73.67	.000	\$ 90.51	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	29	29	3,045.00	105.00	.000	105.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	7	14	123.02	8.79	.000	17.57	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

YOLO COUNTY

SUMMARY OF SERVICES FOR MIA - SOC - LTC

AID CODE 53

01 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	1	3	\$ 538.84	\$ 179.61	3.000	\$ 538.84	\$ 538.84
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	1	3	\$ 538.84	\$ 179.61	3.000	\$ 538.84	\$ 538.84
PRESCRIPTION DRUGS	1	3	538.84	179.61	3.000	538.84	538.84
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	1	3	538.84	179.61	3.000	538.84	538.84
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

YOLO COUNTY

SUMMARY OF SERVICES FOR MIA - SOC - LTC

AID CODE 53

01 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

01 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00

LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.000	\$	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.000	\$	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.000	\$	.00
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							PAGE 18,120
MOP024	FEE-FOR-SERVICE/DENTAL							03/14/05
YOLO COUNTY	SUMMARY OF SERVICES FOR MIA - SOC - LTC							
	AID CODE 53							

01 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$	.00	.000	\$	.00
DURABLE MED. EQUIP.	0	0		.00	.000	.00	.00
BLOOD BANK	0	0		.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0		.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0		.00	.000	.00	.00
OTHER TRANS	0	0		.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.000	.00	.00
OPTICIAN	0	0		.00	.000	.00	.00
PHYSICAL THERAPIST	0	0		.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.000	.00	.00
PROSTHETICS	0	0		.00	.000	.00	.00
ORTHOTICS	0	0		.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	.000	\$	.00

@XOVER EXCLUDING STATE HOSP** 0 0 \$.00 \$.00 .000 \$.00 \$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,121
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

YOLO COUNTY SUMMARY OF SERVICES FOR MIA - SOC - PREGNANT

AID CODE 87

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	1	1	\$ 43.11	\$ 43.11	.000	\$ 43.11	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00

MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,122
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
YOLO COUNTY SUMMARY OF SERVICES FOR MIA - SOC - PREGNANT AID CODE 87

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----				
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00	
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00	
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00	
VISITS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00	
OTHER	0	0	.00	.00	.000	.00	.00	
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00	
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00	
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00	
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00	
@TOTAL HOSPITAL	1	1	\$ 43.11	\$ 43.11	.000	\$ 43.11	\$.00	
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
HOSP OUTPATIENT TOTAL	1	1	43.11	43.11	.000	43.11	.00	
MEDICAL	0	0	.00	.00	.000	.00	.00	
SURGERY	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	.00	
ROOM USE	0	0	.00	.00	.000	.00	.00	
CROSSOVERS/ALL OTH OUTPTNT	1	1	43.11	43.11	.000	43.11	.00	
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDICAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,123
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
YOLO COUNTY SUMMARY OF SERVICES FOR MIA - SOC - PREGNANT AID CODE 87

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1	1	\$ 43.11	\$ 43.11	.000	\$ 43.11	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1	1	43.11	43.11	.000	43.11	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	1	1	43.11	43.11	.000	43.11	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00

SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,124
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
YOLO COUNTY SUMMARY OF SERVICES FOR MIA - SOC - PREGNANT AID CODE 87

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 18,125
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
YOLO COUNTY	SUMMARY OF SERVICES FOR MIA - SOC - TOTAL	

01 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	2	4	\$ 581.95	\$ 145.49	4.000	\$ 290.98	\$ 581.95
@PHYSICIANS SERVICES	0	0	.00	.00	.000	.00	.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	1	3	\$ 538.84	\$ 179.61	3.000	\$ 538.84	\$ 538.84
PRESCRIPTION DRUGS	1	3	538.84	179.61	3.000	538.84	538.84
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	1	3	538.84	179.61	3.000	538.84	538.84
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00

PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,126
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
YOLO COUNTY SUMMARY OF SERVICES FOR MIA - SOC - TOTAL

01 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----				
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$	.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00		.00
EYE APPLIANCES	0	0	.00	.00	.000	.00		.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$	.00
VISITS	0	0	.00	.00	.000	.00		.00
OTHER SERVICES	0	0	.00	.00	.000	.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$	.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00		.00
SURGERY/ANES.	0	0	.00	.00	.000	.00		.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00		.00
OTHER	0	0	.00	.00	.000	.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$	.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00		.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00		.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00		.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00		.00
@TOTAL HOSPITAL	1	1	\$ 43.11	\$ 43.11	1.000	\$ 43.11	\$	43.11
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00		.00
HSC HOSPITALS	0	0	.00	.00	.000	.00		.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00		.00
ANCILLARIES	0	0	.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	1	1	43.11	43.11	1.000	43.11		43.11
MEDICAL	0	0	.00	.00	.000	.00		.00
SURGERY	0	0	.00	.00	.000	.00		.00
PATHOLOGY	0	0	.00	.00	.000	.00		.00
RADIOLOGY	0	0	.00	.00	.000	.00		.00
ROOM USE	0	0	.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	1	1	43.11	43.11	1.000	43.11		43.11
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00		.00
HSC HOSPITALS	0	0	.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00		.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,127
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
YOLO COUNTY SUMMARY OF SERVICES FOR MIA - SOC - TOTAL

01 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1	1	\$ 43.11	\$ 43.11	1.000	\$ 43.11	\$ 43.11
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1	1	43.11	43.11	1.000	43.11	43.11
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	1	1	43.11	43.11	1.000	43.11	43.11
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00

INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.000	\$	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.000	\$	.00
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,128
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
YOLO COUNTY SUMMARY OF SERVICES FOR MIA - SOC - TOTAL

	01 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0		0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0		0	.00	.00	.000	.00	.00
BLOOD BANK	0		0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0		0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0		0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0		0	.00	.00	.000	.00	.00
OTHER TRANS	0		0	.00	.00	.000	.00	.00
OTHER SERVICES	0		0	.00	.00	.000	.00	.00
ACUPUNCTURE	0		0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0		0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0		0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0		0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0		0	.00	.00	.000	.00	.00
OPTICIAN	0		0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0		0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0		0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0		0	.00	.00	.000	.00	.00
PROSTHETICS	0		0	.00	.00	.000	.00	.00
ORTHOTICS	0		0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0		0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0		0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0		0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0		0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0		0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0		0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0		0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0		0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0		0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0		0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0		0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,129
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
YOLO COUNTY SUMMARY OF SERVICES FOR FOR FUTURE USE

	00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0		0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0		0	\$.00	\$.00	.000	\$.00	\$.00

OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000 \$	.00 \$	.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00

MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	0	0	\$	.00	\$	.000	\$	.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,130
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
YOLO COUNTY SUMMARY OF SERVICES FOR FOR FUTURE USE

	00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$	.00	\$	.000	\$	.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.00	.000	.00	.00
EYE APPLIANCES	0	0		.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00
@CHIROPRACITOR	0	0	\$	.00	\$	.000	\$	.00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$	.00	\$	.000	\$	.00
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.000	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.000	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.000	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.000	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.000	\$	.00
@TOTAL HOSPITAL	0	0	\$	.00	\$	.000	\$	.00
HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00

CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,131
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
YOLO COUNTY SUMMARY OF SERVICES FOR FOR FUTURE USE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00

ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.000	\$	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.000	\$	.00
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,132
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
YOLO COUNTY SUMMARY OF SERVICES FOR FOR FUTURE USE

	00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$	.00	\$	.000	\$	.00
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	.00
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0		.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00	.00
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	0	0		.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$	.000	\$	.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$	.000	\$	.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

YOLO COUNTY

SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - ADULTS - TOTAL

01 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	90	202	\$ 9,678.91	\$ 47.92	202.000	\$ 107.54	\$ 9678.91
@PHYSICIANS SERVICES	1	1	\$ 13.53	\$ 13.53	1.000	\$ 13.53	\$ 13.53
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	1	1	13.53	13.53	1.000	13.53	13.53
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	1	4	\$ 466.80	\$ 116.70	4.000	\$ 466.80	\$ 466.80
PRESCRIPTION DRUGS	1	4	466.80	116.70	4.000	466.80	466.80
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	1	4	466.80	116.70	4.000	466.80	466.80
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	33	120	\$ 4,327.00	\$ 36.06	120.000	\$ 131.12	\$ 4327.00
VISITS - DIAGNOSTIC	22	71	1,235.00	17.39	71.000	56.14	1235.00
ORAL SURGERY	3	7	253.00	36.14	7.000	84.33	253.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	2	2	236.00	118.00	2.000	118.00	236.00
ENDODONTICS	3	3	648.00	216.00	3.000	216.00	648.00
RESTORATIVE DENTISTRY	14	36	1,955.00	54.31	36.000	139.64	1955.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	1	.00	.00	1.000	.00	.00

YOLO COUNTY

SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - ADULTS - TOTAL

01 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@OPTOMETRIST	0	0	\$.00	\$.00	.000		\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000		.00	.00
EYE APPLIANCES	0	0	.00	.00	.000		.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000		.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000		\$.00	\$.00
VISITS	0	0	.00	.00	.000		.00	.00
OTHER SERVICES	0	0	.00	.00	.000		.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000		\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000		.00	.00
SURGERY/ANES.	0	0	.00	.00	.000		.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000		.00	.00
OTHER	0	0	.00	.00	.000		.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000		\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000		\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000		\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000		\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000		\$.00	\$.00
@TOTAL HOSPITAL	17	18	\$ 759.56	\$ 42.20	18.000		\$ 44.68	\$ 759.56
HOSP INPATIENT TOTAL	0	0	.00	.00	.000		.00	.00
HSC HOSPITALS	0	0	.00	.00	.000		.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000		.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000		.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000		.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000		.00	.00
ANCILLARIES	0	0	.00	.00	.000		.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000		.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000		.00	.00

HOSP OUTPATIENT TOTAL	17	18	759.56	42.20	18.000	44.68	759.56
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	17	18	759.56	42.20	18.000	44.68	759.56
@COUNTY HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 18,135
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
YOLO COUNTY	SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - ADULTS - TOTAL						

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
01 ELIGIBLES							
@COMMUNITY HOSPITAL TOTAL	17	18	759.56	\$ 42.20	18.000	\$ 44.68	\$ 759.56
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	17	18	759.56	42.20	18.000	44.68	759.56
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	17	18	759.56	42.20	18.000	44.68	759.56
@STATE HOSPITAL	0	0	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00

LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00		.00		.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00		.00		.00	
LEV B-REGULAR	0	0		.00		.00		.00		.00	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	\$	.00	\$	.00
ICF DDH	0	0		.00		.00		.00		.00	
ICF DD	0	0		.00		.00		.00		.00	
ICF DDN/DDCN	0	0		.00		.00		.00		.00	
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00		.00		.00	
HEMODIALYSIS CENTER	0	0		.00		.00		.00		.00	
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00		.00		.00	
INDEPENDENT FACILITY	0	0		.00		.00		.00		.00	
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	\$	.00	\$	.00
PATHOLOGY	0	0		.00		.00		.00		.00	
XO AND OTHERS	0	0		.00		.00		.00		.00	
@ORGANIZED OUTPATIENT CLINIC	7	16	\$	944.00	\$	59.00	16.000	\$	134.86	\$	944.00
CLINIC	0	0		.00		.00		.00		.00	
SURGICENTER	0	0		.00		.00		.00		.00	
HEROIN DETOX CLINIC	0	0		.00		.00		.00		.00	
RURAL HEALTH CLINIC	7	16		944.00		59.00	16.000		134.86		944.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004										
MOP024	FEE-FOR-SERVICE/DENTAL										
YOLO COUNTY	SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - ADULTS - TOTAL										

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						----- MONTHLY AVERAGE -----		
01 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	35	43	\$ 3,168.02	\$ 73.67	43.000	\$ 90.51	\$ 3168.02	
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00	
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00	
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00	
OTHER TRANS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00	
GENETIC DISEASE TESTING	29	29	3,045.00	105.00	29.000	105.00	3045.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	7	14	123.02	8.79	14.000	17.57	123.02	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00	
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	.00	
ORTHOTICS	0	0	.00	.00	.000	.00	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00	
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00	
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00	
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00	
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00	

@XOVER EXCLUDING STATE HOSP** 0 0 \$.00 \$.00 .000 \$.00 \$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,137
 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
 YOLO COUNTY SUMMARY OF SERVICES FOR ALL AGED

386 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	3,531	24,213	\$ 1,627,798.76	\$ 67.23	62.728	\$ 461.00	\$ 4217.10
@PHYSICIANS SERVICES	62	188	\$ 3,534.58	\$ 18.80	.487	\$ 57.01	\$ 9.16
OUTPATIENT VISITS	10	10	547.64	54.76	.026	54.76	1.42
OFFICE VISITS	6	6	178.80	29.80	.016	29.80	.46
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	4	4	368.84	92.21	.010	92.21	.96
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	3	5	105.23	21.05	.013	35.08	.27
HOSPITAL VISITS	2	2	74.40	37.20	.005	37.20	.19
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	1	3	30.83	10.28	.008	30.83	.08
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	2	14	335.40	23.96	.036	167.70	.87
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	14	335.40	23.96	.036	167.70	.87
OUTPATIENT SURGERY	2	2	305.85	152.93	.005	152.93	.79
PRINCIPAL SURGEON	2	2	305.85	152.93	.005	152.93	.79
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	3	6	161.60	26.93	.016	53.87	.42
RADIOLOGY	10	20	312.49	15.62	.052	31.25	.81
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	44	131	1,766.37	13.48	.339	40.14	4.58
@PHARMACY	1,008	5,100	\$ 263,263.57	\$ 51.62	13.212	\$ 261.17	\$ 682.03
PRESCRIPTION DRUGS	1,001	1,990	262,811.61	132.07	5.155	262.55	680.86
SNF/ICF	326	756	104,071.43	137.66	1.959	319.24	269.62
OUTPATIENTS	686	1,234	158,740.18	128.64	3.197	231.40	411.24
MEDICAL SUPPLIES	12	3,110	451.96	.15	8.057	37.66	1.17
@DENTIST	1,277	5,185	\$ 222,355.72	\$ 42.88	13.433	\$ 174.12	\$ 576.05
VISITS - DIAGNOSTIC	837	3,252	36,206.22	11.13	8.425	43.26	93.80
ORAL SURGERY	192	488	22,630.50	46.37	1.264	117.87	58.63
DRUGS	1	1	25.00	25.00	.003	25.00	.06
ANESTHESIA	0	1	.00	.00	.003	.00	.00
PERIODONTICS	124	130	16,987.10	130.67	.337	136.99	44.01
ENDODONTICS	55	86	19,716.50	229.26	.223	358.48	51.08
RESTORATIVE DENTISTRY	221	532	41,407.65	77.83	1.378	187.36	107.27
PROSTHETICS	29	30	850.00	28.33	.078	29.31	2.20
DENTURES, STAYPLATES	240	653	84,532.75	129.45	1.692	352.22	219.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00

MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	19	12	.00	.00	.031	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,138
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
YOLO COUNTY SUMMARY OF SERVICES FOR ALL AGED

386 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	32	97	\$ 2,878.64	\$ 29.68	.251	\$ 89.96	\$ 7.46
DIAGNOSTIC AND ANC. PROCED	9	9	427.26	47.47	.023	47.47	1.11
EYE APPLIANCES	28	79	2,304.25	29.17	.205	82.29	5.97
OTHER OPTOMETRIC SERVICES	3	9	147.13	16.35	.023	49.04	.38
@CHIROPRACTOR	0	0	.00	.00	.000	.00	.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	14	14	\$ 47.75	\$ 3.41	.036	\$ 3.41	\$.12
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	14	14	47.75	3.41	.036	3.41	.12
@HOME HEALTH AGENCY	0	0	.00	.00	.000	.00	.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	28	110	\$ 50,839.07	\$ 462.17	.285	\$ 1815.68	\$ 131.71
HOSP INPATIENT TOTAL	10	27	49,427.32	1830.64	.070	4942.73	128.05
HSC HOSPITALS	3	11	11,437.48	1039.77	.028	3812.49	29.63
NON-HSC HOSPITAL TOTAL	4	16	37,113.84	2319.62	.041	9278.46	96.15
ACCOMMODATIONS	4	16	7,313.50	457.09	.041	1828.38	18.95
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	4	16	7,313.50	457.09	.041	1828.38	18.95
ANCILLARIES	4	0	29,800.34	.00	.000	7450.09	77.20
INPATIENT CROSSOVERS	3	0	876.00	.00	.000	292.00	2.27
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	18	83	1,411.75	17.01	.215	78.43	3.66
MEDICAL	3	4	145.52	36.38	.010	48.51	.38
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	10	36	427.38	11.87	.093	42.74	1.11
RADIOLOGY	4	5	213.20	42.64	.013	53.30	.55
ROOM USE	3	4	157.34	39.34	.010	52.45	.41
CROSSOVERS/ALL OTH OUTPTNT	8	34	468.31	13.77	.088	58.54	1.21
@COUNTY HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,139
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
YOLO COUNTY SUMMARY OF SERVICES FOR ALL AGED

	386 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	28		110	\$ 50,839.07	\$ 462.17	.285	\$ 1815.68	\$ 131.71
COMM HOSP INPATIENT TOTAL	10		27	49,427.32	1830.64	.070	4942.73	128.05
HSC HOSPITALS	3		11	11,437.48	1039.77	.028	3812.49	29.63
NON-HSC HOSPITALS TOTAL	4		16	37,113.84	2319.62	.041	9278.46	96.15
ACCOMMODATIONS	4		16	7,313.50	457.09	.041	1828.38	18.95
ADMINISTRATIVE DAYS	0		0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	4		16	7,313.50	457.09	.041	1828.38	18.95
ANCILLARIES	4		0	29,800.34	.00	.000	7450.09	77.20
INPATIENT CROSSOVERS	3		0	876.00	.00	.000	292.00	2.27
ALL OTHER INPATIENT	0		0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	18		83	1,411.75	17.01	.215	78.43	3.66
MEDICAL	3		4	145.52	36.38	.010	48.51	.38
SURGERY	0		0	.00	.00	.000	.00	.00
PATHOLOGY	10		36	427.38	11.87	.093	42.74	1.11
RADIOLOGY	4		5	213.20	42.64	.013	53.30	.55
ROOM USE	3		4	157.34	39.34	.010	52.45	.41
CROSSOVERS/ALL OTH OUTPTNT	8		34	468.31	13.77	.088	58.54	1.21
@STATE HOSPITAL	11		336	\$ 236,175.27	\$ 702.90	.870	\$ 21470.48	\$ 611.85

MENTALLY ILL	0	0		15,450.28	.00	.000	.00	40.03
DEVELOP. DISABLED	11	336		220,724.99	656.92	.870	20065.91	571.83
@NURSING FACILITY	65	2,022	\$	184,071.93	\$ 91.03	5.238	\$ 2831.88	\$ 476.87
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	22	728		75,993.96	104.39	1.886	3454.27	196.88
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	43	1,294		108,077.97	83.52	3.352	2513.44	279.99
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	1	1	\$	630.14	\$ 630.14	.003	\$ 630.14	\$ 1.63
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	1	1		630.14	630.14	.003	630.14	1.63
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	2	19	\$	134.92	\$ 7.10	.049	\$ 67.46	\$.35
PATHOLOGY	2	19		134.92	7.10	.049	67.46	.35
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	62	88	\$	12,739.20	\$ 144.76	.228	\$ 205.47	\$ 33.00
CLINIC	1	4		80.76	20.19	.010	80.76	.21
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	61	84		12,658.44	150.70	.218	207.52	32.79

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,140
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
YOLO COUNTY SUMMARY OF SERVICES FOR ALL AGED

	386 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER PER ELIG USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	1,258	11,053	\$	651,127.97	\$ 58.91	28.635	\$ 517.59	\$ 1686.86
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	.00
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	5	61		320.68	5.26	.158	64.14	.83
AMBULANCES/AIR TRANS	1	8		149.38	18.67	.021	149.38	.39
OTHER TRANS	3	49		138.47	2.83	.127	46.16	.36
OTHER SERVICES	1	4		32.83	8.21	.010	32.83	.09
ACUPUNCTURE	1	2		32.44	16.22	.005	32.44	.08
ADULT DAY HEALTH CARE CTR	708	8,755		608,973.94	69.56	22.681	860.13	1577.65
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	75	479		29,176.45	60.91	1.241	389.02	75.59
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	475	1,070		11,890.66	11.11	2.772	25.03	30.80
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	1	3		1.12	.37	.008	1.12	.00
PROSTHETIST/ORTHOTISTS	1	2		78.86	39.43	.005	78.86	.20
PROSTHETICS	1	2		78.86	39.43	.005	78.86	.20
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	3		144.59	48.20	.008	144.59	.37
HOSPICE SERVICES	1	2		227.24	113.62	.005	227.24	.59
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	6	676	281.99	.42	1.751	47.00	.73
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	65	182	\$ 22,781.86CR	\$ 125.18CR	.472	\$ 350.49CR	\$ 59.02CR

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 18,141
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
YOLO COUNTY	SUMMARY OF SERVICES FOR ALL BLIND	

33 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	212	8,898	\$ 162,996.42	\$ 18.32	269.636	\$ 768.85	\$ 4939.29
@PHYSICIANS SERVICES	5	7	\$ 204.14	\$ 29.16	.212	\$ 40.83	\$ 6.19
OUTPATIENT VISITS	2	2	73.98	36.99	.061	36.99	2.24
OFFICE VISITS	1	1	59.50	59.50	.030	59.50	1.80
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	1	1	14.48	14.48	.030	14.48	.44
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	3	5	130.16	26.03	.152	43.39	3.94
@PHARMACY	59	164	\$ 38,597.33	\$ 235.35	4.970	\$ 654.19	\$ 1169.62
PRESCRIPTION DRUGS	59	164	38,597.33	235.35	4.970	654.19	1169.62
SNF/ICF	22	65	9,978.84	153.52	1.970	453.58	302.39
OUTPATIENTS	42	99	28,618.49	289.08	3.000	681.39	867.23
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	64	280	\$ 8,220.00	\$ 29.36	8.485	\$ 128.44	\$ 249.09
VISITS - DIAGNOSTIC	37	185	2,000.00	10.81	5.606	54.05	60.61
ORAL SURGERY	12	43	1,999.00	46.49	1.303	166.58	60.58
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00

PERIODONTICS	15	18	1,108.00	61.56	.545	73.87	33.58
ENDODONTICS	4	4	950.00	237.50	.121	237.50	28.79
RESTORATIVE DENTISTRY	9	15	1,042.00	69.47	.455	115.78	31.58
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	3	14	1,121.00	80.07	.424	373.67	33.97
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	1	.00	.00	.030	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,142
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
YOLO COUNTY SUMMARY OF SERVICES FOR ALL BLIND

33 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----				
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00	
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00	
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00	
VISITS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
@PODIATRIST	5	5	\$ 31.25	\$ 6.25	.152	\$ 6.25	\$.95	
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00	
OTHER	5	5	31.25	6.25	.152	6.25	.95	
@HOME HEALTH AGENCY	2	98	\$ 2,904.50	\$ 29.64	2.970	\$ 1452.25	\$ 88.02	
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00	
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00	
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00	
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00	
@TOTAL HOSPITAL	3	8	\$ 192.54	\$ 24.07	.242	\$ 64.18	\$ 5.83	
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
HOSP OUTPATIENT TOTAL	3	8	192.54	24.07	.242	64.18	5.83	
MEDICAL	0	0	.00	.00	.000	.00	.00	
SURGERY	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	1	4	36.28	9.07	.121	36.28	1.10	
RADIOLOGY	0	0	.00	.00	.000	.00	.00	
ROOM USE	1	2	70.26	35.13	.061	70.26	2.13	
CROSSOVERS/ALL OTH OUTPTNT	2	2	86.00	43.00	.061	43.00	2.61	
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00	

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,143
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
YOLO COUNTY SUMMARY OF SERVICES FOR ALL BLIND

33 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3	8	\$ 192.54	\$ 24.07	.242	\$ 64.18	\$ 5.83
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	3	8	192.54	24.07	.242	64.18	5.83
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	4	36.28	9.07	.121	36.28	1.10
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	2	70.26	35.13	.061	70.26	2.13
CROSSOVERS/ALL OTH OUTPTNT	2	2	86.00	43.00	.061	43.00	2.61
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	12	308	\$ 29,952.60	\$ 97.25	9.333	\$ 2496.05	\$ 907.65
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	12	308	29,952.60	97.25	9.333	2496.05	907.65
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	1	1	\$ 660.00	\$ 660.00	.030	\$ 660.00	\$ 20.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	1	1	660.00	660.00	.030	660.00	20.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00

INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	5	6	\$ 1,296.00	\$ 216.00	.182	\$ 259.20	\$ 39.27
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	5	6	1,296.00	216.00	.182	259.20	39.27

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,144
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
YOLO COUNTY SUMMARY OF SERVICES FOR ALL BLIND

33 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	99	8,021	\$ 80,938.06	\$ 10.09	243.061	\$ 817.56	\$ 2452.67
DURABLE MED. EQUIP.	1	25	1,623.14	64.93	.758	1623.14	49.19
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	2	925	1,668.06	1.80	28.030	834.03	50.55
AMBULANCES/AIR TRANS	1	1	107.16	107.16	.030	107.16	3.25
OTHER TRANS	1	924	1,560.90	1.69	28.000	1560.90	47.30
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	64	774	53,854.92	69.58	23.455	841.48	1631.97
GENETIC DISEASE TESTING	1	1	105.00	105.00	.030	105.00	3.18
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	13	24	272.34	11.35	.727	20.95	8.25
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	11	4,042	5,940.06	1.47	122.485	540.01	180.00
EPSDT SUPPLEMENTAL SERVICE	4	586	17,234.26	29.41	17.758	4308.57	522.25
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	4	1,644	240.28	.15	49.818	60.07	7.28
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	12	15	771.72CR	51.45CR	.455	64.31CR	23.39CR

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

PAGE 18,145

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

YOLO COUNTY SUMMARY OF SERVICES FOR ALL DISABLED

1,002 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	13,002	126,905	\$ 6,031,763.55	\$ 47.53	126.652	\$ 463.91	\$ 6019.72
@PHYSICIANS SERVICES	439	1,200	\$ 49,078.09	\$ 40.90	1.198	\$ 111.80	\$ 48.98
OUTPATIENT VISITS	129	157	6,391.65	40.71	.157	49.55	6.38
OFFICE VISITS	81	96	3,484.02	36.29	.096	43.01	3.48
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	29	39	2,117.27	54.29	.039	73.01	2.11
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	2	2	179.48	89.74	.002	89.74	.18
OTHER OUTPATIENT	18	20	610.88	30.54	.020	33.94	.61
INPATIENT VISITS	55	251	19,547.13	77.88	.250	355.40	19.51
HOSPITAL VISITS	30	117	4,243.39	36.27	.117	141.45	4.23
CRITICAL CARE	7	75	13,594.50	181.26	.075	1942.07	13.57
SNF/ICF/TRANS IP CARE	26	59	1,709.24	28.97	.059	65.74	1.71
OPHTHALMOLOGICAL SERVICES	6	7	249.48	35.64	.007	41.58	.25
EXAMINATIONS	6	7	249.48	35.64	.007	41.58	.25
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	12	40	4,244.74	106.12	.040	353.73	4.24
PRINCIPAL SURGEON	8	8	3,277.02	409.63	.008	409.63	3.27
ASSISTANT SURGEON	1	1	101.27	101.27	.001	101.27	.10
ANESTHESIOLOGIST	4	31	866.45	27.95	.031	216.61	.86
OUTPATIENT SURGERY	14	26	3,126.99	120.27	.026	223.36	3.12
PRINCIPAL SURGEON	13	15	2,802.56	186.84	.015	215.58	2.80
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	11	324.43	29.49	.011	162.22	.32
DIALYSIS	1	1	225.04	225.04	.001	225.04	.22
PATHOLOGY	12	22	368.12	16.73	.022	30.68	.37
RADIOLOGY	60	117	4,577.44	39.12	.117	76.29	4.57
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	8	41	370.97	9.05	.041	46.37	.37
OTHER SERVICES/ALL X-OVERS	233	538	9,976.53	18.54	.537	42.82	9.96
@PHARMACY	7,192	24,912	\$ 3,388,243.29	\$ 136.01	24.862	\$ 471.11	\$ 3381.48
PRESCRIPTION DRUGS	7,169	17,147	3,374,114.78	196.78	17.113	470.65	3367.38
SNF/ICF	724	2,438	397,714.68	163.13	2.433	549.33	396.92
OUTPATIENTS	6,505	14,709	2,976,400.10	202.35	14.680	457.56	2970.46

MEDICAL SUPPLIES	70	7,765		14,128.51		1.82	7.750	201.84	14.10
@DENTIST	3,409	16,262	\$	558,024.54	\$	34.31	16.230	\$ 163.69	\$ 556.91
VISITS - DIAGNOSTIC	2,314	11,059		119,333.45		10.79	11.037	51.57	119.10
ORAL SURGERY	516	1,279		62,495.75		48.86	1.276	121.12	62.37
DRUGS	2	2		25.00		12.50	.002	12.50	.02
ANESTHESIA	2	2		200.00		100.00	.002	100.00	.20
PERIODONTICS	328	370		36,242.60		97.95	.369	110.50	36.17
ENDODONTICS	235	387		79,154.00		204.53	.386	336.83	79.00
RESTORATIVE DENTISTRY	819	1,975		140,846.45		71.31	1.971	171.97	140.57
PROSTHETICS	54	64		1,640.00		25.63	.064	30.37	1.64
DENTURES, STAYPLATES	360	1,019		117,217.29		115.03	1.017	325.60	116.98
SPACE MAINTAINERS	4	10		480.00		48.00	.010	120.00	.48
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	6	6		315.00		52.50	.006	52.50	.31
ALL OTHER SERVICES	66	89		75.00		.84	.089	1.14	.07
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004								PAGE 18,146
MOP024	FEE-FOR-SERVICE/DENTAL								03/14/05
YOLO COUNTY	SUMMARY OF SERVICES FOR ALL DISABLED								

	1,002 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	112	303	\$	5,666.15	\$ 18.70	.302	\$ 50.59	\$ 5.65
DIAGNOSTIC AND ANC. PROCED	33	36		1,419.90	39.44	.036	43.03	1.42
EYE APPLIANCES	99	264		4,216.39	15.97	.263	42.59	4.21
OTHER OPTOMETRIC SERVICES	2	3		29.86	9.95	.003	14.93	.03
@CHIROPRACTOR	1	2	\$	33.44	\$ 16.72	.002	\$ 33.44	\$.03
VISITS	1	2		33.44	16.72	.002	33.44	.03
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	11	18	\$	355.72	\$ 19.76	.018	\$ 32.34	\$.36
MEDICINE/INJECTIONS	4	5		187.90	37.58	.005	46.98	.19
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	1	2		34.60	17.30	.002	34.60	.03
OTHER	7	11		133.22	12.11	.011	19.03	.13
@HOME HEALTH AGENCY	5	438	\$	13,643.22	\$ 31.15	.437	\$ 2728.64	\$ 13.62
NURSE ANESTHESIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	3	5	\$	71.85	\$ 14.37	.005	\$ 23.95	\$.07
@TOTAL HOSPITAL	162	825	\$	289,493.66	\$ 350.90	.823	\$ 1787.00	\$ 288.92
HOSP INPATIENT TOTAL	55	180		277,246.86	1540.26	.180	5040.85	276.69
HSC HOSPITALS	12	120		185,146.83	1542.89	.120	15428.90	184.78
NON-HSC HOSPITAL TOTAL	5	60		64,069.03	1067.82	.060	12813.81	63.94
ACCOMMODATIONS	5	60		18,837.62	313.96	.060	3767.52	18.80
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	5	60		18,837.62	313.96	.060	3767.52	18.80
ANCILLARIES	5	0		45,231.41	.00	.000	9046.28	45.14
INPATIENT CROSSOVERS	38	0		28,031.00	.00	.000	737.66	27.98
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	111	645		12,246.80	18.99	.644	110.33	12.22
MEDICAL	23	31		1,376.15	44.39	.031	59.83	1.37
SURGERY	1	1		21.55	21.55	.001	21.55	.02
PATHOLOGY	42	311		2,270.62	7.30	.310	54.06	2.27
RADIOLOGY	24	56		3,022.77	53.98	.056	125.95	3.02
ROOM USE	54	66		2,360.66	35.77	.066	43.72	2.36

CROSSOVERS/ALL OTH OUTPTNT	47	180		3,195.05	17.75	.180	67.98	3.19
@COUNTY HOSPITAL TOTAL	4	8	\$	261.72	\$ 32.72	.008	\$ 65.43	\$.26
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	4	8		261.72	32.72	.008	65.43	.26
MEDICAL	2	2		91.90	45.95	.002	45.95	.09
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	1	3		40.76	13.59	.003	40.76	.04
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	3	3		129.06	43.02	.003	43.02	.13
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
YOLO COUNTY SUMMARY OF SERVICES FOR ALL DISABLED

	1,002 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	159		817	\$ 289,231.94	\$ 354.02	.815	\$ 1819.07	\$ 288.65
COMM HOSP INPATIENT TOTAL	55		180	277,246.86	1540.26	.180	5040.85	276.69
HSC HOSPITALS	12		120	185,146.83	1542.89	.120	15428.90	184.78
NON-HSC HOSPITALS TOTAL	5		60	64,069.03	1067.82	.060	12813.81	63.94
ACCOMMODATIONS	5		60	18,837.62	313.96	.060	3767.52	18.80
ADMINISTRATIVE DAYS	0		0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	5		60	18,837.62	313.96	.060	3767.52	18.80
ANCILLARIES	5		0	45,231.41	.00	.000	9046.28	45.14
INPATIENT CROSSOVERS	38		0	28,031.00	.00	.000	737.66	27.98
ALL OTHER INPATIENT	0		0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	108		637	11,985.08	18.81	.636	110.97	11.96
MEDICAL	21		29	1,284.25	44.28	.029	61.15	1.28
SURGERY	1		1	21.55	21.55	.001	21.55	.02
PATHOLOGY	41		308	2,229.86	7.24	.307	54.39	2.23
RADIOLOGY	24		56	3,022.77	53.98	.056	125.95	3.02
ROOM USE	52		63	2,231.60	35.42	.063	42.92	2.23
CROSSOVERS/ALL OTH OUTPTNT	47		180	3,195.05	17.75	.180	67.98	3.19
@STATE HOSPITAL	12		366	\$ 257,116.68	\$ 702.50	.365	\$ 21426.39	\$ 256.60
MENTALLY ILL	0		0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	12		366	257,116.68	702.50	.365	21426.39	256.60
@NURSING FACILITY	95		2,474	\$ 293,709.41	\$ 118.72	2.469	\$ 3091.68	\$ 293.12
LEV A-INTERMEDIATE	0		0	.00	.00	.000	.00	.00
LEV B-REHAB MD	44		1,455	175,297.32	120.48	1.452	3984.03	174.95
LEV B-SUBACUTE FREESTANDING	0		0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	3		50	27,777.29	555.55	.050	9259.10	27.72
LEV B-TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
LEV B-REGULAR	48		969	90,634.80	93.53	.967	1888.23	90.45
@INTERMEDIATE CARE FACIL.-DD	1		122	\$ 22,300.38	\$ 182.79	.122	\$ 22300.38	\$ 22.26
ICF DDH	0		0	.00	.00	.000	.00	.00
ICF DD	0		0	.00	.00	.000	.00	.00

ICF DDN/DDCN	1	122		22,300.38		182.79	.122	22300.38	22.26
@HEMODIALYSIS TOTAL	7	46	\$	3,435.64	\$	74.69	.046	\$ 490.81	\$ 3.43
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	7	46		3,435.64		74.69	.046	490.81	3.43
@REHABILITATION FACILITY	6	49	\$	885.66	\$	18.07	.049	\$ 147.61	\$.88
HOSPITAL BASED	1	2		138.33		69.17	.002	138.33	.14
INDEPENDENT FACILITY	5	47		747.33		15.90	.047	149.47	.75
@LABORATORY FACILITY	79	290	\$	3,043.86	\$	10.50	.289	\$ 38.53	\$ 3.04
PATHOLOGY	79	290		3,043.86		10.50	.289	38.53	3.04
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	163	526	\$	41,430.49	\$	78.77	.525	\$ 254.17	\$ 41.35
CLINIC	40	338		6,799.08		20.12	.337	169.98	6.79
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	123	188		34,631.41		184.21	.188	281.56	34.56
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004								PAGE 18,148
MOP024	FEE-FOR-SERVICE/DENTAL								03/14/05
YOLO COUNTY	SUMMARY OF SERVICES FOR ALL DISABLED								

	1,002 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	3,046	79,067	\$	1,105,231.47	\$ 13.98	78.909	\$ 362.85	\$ 1103.03
DURABLE MED. EQUIP.	10	27		4,673.85	173.11	.027	467.39	4.66
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	31	388		4,353.44	11.22	.387	140.43	4.34
AMBULANCES/AIR TRANS	21	356		3,601.58	10.12	.355	171.50	3.59
OTHER TRANS	6	338		775.16	2.29	.337	129.19	.77
OTHER SERVICES	4	306CR		23.30CR	.08	.305CR	5.83CR	.02CR
ACUPUNCTURE	1	1		16.22	16.22	.001	16.22	.02
ADULT DAY HEALTH CARE CTR	454	6,403		445,607.74	69.59	6.390	981.51	444.72
GENETIC DISEASE TESTING	2	2		210.00	105.00	.002	105.00	.21
IHMC,MODEL-NF,NF,AIDS,MSSP	90	12,153		357,555.73	29.42	12.129	3972.84	356.84
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	1,054	2,381		24,867.43	10.44	2.376	23.59	24.82
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	5	11		64.64	5.88	.011	12.93	.06
PROSTHETIST/ORTHOTISTS	3	4		254.88	63.72	.004	84.96	.25
PROSTHETICS	3	4		254.88	63.72	.004	84.96	.25
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	19	25		1,283.06	51.32	.025	67.53	1.28
SPEECH AND AUDIOLOGY	2	2		45.26	22.63	.002	22.63	.05
HOSPICE SERVICES	2	48		5,453.76	113.62	.048	2726.88	5.44
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1,362	39,267		210,160.64	5.35	39.189	154.30	209.74
EPSDT SUPPLEMENTAL SERVICE	15	1,648		46,552.45	28.25	1.645	3103.50	46.46
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	36	16,707		4,132.37	.25	16.674	114.79	4.12
@CALIF. CHILDREN SERVICES*	39	1,654	\$	154,605.05	\$ 93.47	1.651	\$ 3964.23	\$ 154.30
@XOVER EXCLUDING STATE HOSP**	292	831	\$	29,289.97	\$ 35.25	.829	\$ 100.31	\$ 29.23

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

YOLO COUNTY

SUMMARY OF SERVICES FOR ALL FAMILIES

30,229 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@TOTAL, ALL PROVIDERS	27,894	160,518	\$ 4,335,282.98	\$ 27.01	5.310		\$ 155.42	\$ 143.41
@PHYSICIANS SERVICES	1,908	5,089	\$ 250,402.97	\$ 49.20	.168		\$ 131.24	\$ 8.28
OUTPATIENT VISITS	1,151	2,040	68,482.89	33.57	.067		59.50	2.27
OFFICE VISITS	606	752	25,396.35	33.77	.025		41.91	.84
HOME VISITS	0	0	.00	.00	.000		.00	.00
EMERGENCY ROOM	313	324	18,251.44	56.33	.011		58.31	.60
PREVENTIVE CARE	6	6	324.02	54.00	.000		54.00	.01
OB VISITS/COMPRE PERI	234	896	22,781.41	25.43	.030		97.36	.75
OTHER OUTPATIENT	50	62	1,729.67	27.90	.002		34.59	.06
INPATIENT VISITS	120	346	24,373.52	70.44	.011		203.11	.81
HOSPITAL VISITS	106	241	10,989.47	45.60	.008		103.67	.36
CRITICAL CARE	20	105	13,384.05	127.47	.003		669.20	.44
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000		.00	.00
OPHTHALMOLOGICAL SERVICES	13	14	625.01	44.64	.000		48.08	.02
EXAMINATIONS	13	14	625.01	44.64	.000		48.08	.02
SERVICES AND MATERIALS	0	0	.00	.00	.000		.00	.00
INPATIENT HOSPITAL SURGERY	168	734	89,844.59	122.40	.024		534.79	2.97
PRINCIPAL SURGEON	98	138	70,398.44	510.13	.005		718.35	2.33
ASSISTANT SURGEON	21	21	3,838.53	182.79	.001		182.79	.13
ANESTHESIOLOGIST	78	575	15,607.62	27.14	.019		200.10	.52
OUTPATIENT SURGERY	139	271	16,070.86	59.30	.009		115.62	.53
PRINCIPAL SURGEON	119	158	12,905.31	81.68	.005		108.45	.43
ASSISTANT SURGEON	1	1	107.22	107.22	.000		107.22	.00
ANESTHESIOLOGIST	22	112	3,058.33	27.31	.004		139.02	.10
DIALYSIS	2	3	618.86	206.29	.000		309.43	.02
PATHOLOGY	237	649	9,069.92	13.98	.021		38.27	.30
RADIOLOGY	527	744	31,602.20	42.48	.025		59.97	1.05
PSYCHIATRY	0	0	.00	.00	.000		.00	.00

IMMUNIZATION AND INJECTION	10	16		507.96		31.75	.001	50.80	.02
OTHER SERVICES/ALL X-OVERS	169	272		9,207.16		33.85	.009	54.48	.30
@PHARMACY	2,518	8,808	\$	422,941.41	\$	48.02	.291	167.97	\$ 13.99
PRESCRIPTION DRUGS	2,491	4,792		409,385.91		85.43	.159	164.35	13.54
SNF/ICF	5	9		2,772.82		308.09	.000	554.56	.09
OUTPATIENTS	2,491	4,783		406,613.09		85.01	.158	163.23	13.45
MEDICAL SUPPLIES	89	4,016		13,555.50		3.38	.133	152.31	.45
@DENTIST	12,470	64,370	\$	1,804,898.77	\$	28.04	2.129	144.74	\$ 59.71
VISITS - DIAGNOSTIC	9,225	45,670		568,725.96		12.45	1.511	61.65	18.81
ORAL SURGERY	1,515	2,843		144,908.60		50.97	.094	95.65	4.79
DRUGS	80	83		1,850.00		22.29	.003	23.13	.06
ANESTHESIA	5	5		400.00		80.00	.000	80.00	.01
PERIODONTICS	549	586		52,370.60		89.37	.019	95.39	1.73
ENDODONTICS	1,121	1,946		309,692.50		159.14	.064	276.26	10.24
RESTORATIVE DENTISTRY	4,339	11,499		625,451.56		54.39	.380	144.15	20.69
PROSTHETICS	60	67		2,172.50		32.43	.002	36.21	.07
DENTURES, STAYPLATES	168	757		50,719.86		67.00	.025	301.90	1.68
SPACE MAINTAINERS	78	102		10,828.10		106.16	.003	138.82	.36
MAXILLOFACIAL SERVICES	15	15		1,026.09		68.41	.000	68.41	.03
FRACTURES, DISLOCATIONS	1	1		1,200.00		1200.00	.000	1200.00	.04
ORTHODONTIC SERVICES	385	486		33,453.00		68.83	.016	86.89	1.11
ALL OTHER SERVICES	298	310		2,100.00		6.77	.010	7.05	.07

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MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
YOLO COUNTY SUMMARY OF SERVICES FOR ALL FAMILIES

	30,229 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	211	530	\$	10,846.00	\$ 20.46	.018	\$ 51.40	\$.36
DIAGNOSTIC AND ANC. PROCED	107	112		4,698.12	41.95	.004	43.91	.16
EYE APPLIANCES	174	417		6,135.88	14.71	.014	35.26	.20
OTHER OPTOMETRIC SERVICES	1	1		12.00	12.00	.000	12.00	.00
@CHIROPRACTOR	0	0	\$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	3	3	\$	114.77	\$ 38.26	.000	\$ 38.26	\$.00
MEDICINE/INJECTIONS	3	3		114.77	38.26	.000	38.26	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	6	11	\$	698.59	\$ 63.51	.000	\$ 116.43	\$.02
NURSE ANESTHESIST	2	14	\$	300.65	\$ 21.48	.000	\$ 150.33	\$.01
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	7	18	\$	265.38	\$ 14.74	.001	\$ 37.91	\$.01
@TOTAL HOSPITAL	1,244	4,705	\$	1,023,078.87	\$ 217.45	.156	\$ 822.41	\$ 33.84
HOSP INPATIENT TOTAL	218	768		920,578.31	1198.67	.025	4222.84	30.45
HSC HOSPITALS	68	219		294,969.45	1346.89	.007	4337.79	9.76
NON-HSC HOSPITAL TOTAL	152	549		625,608.86	1139.54	.018	4115.85	20.70
ACCOMMODATIONS	152	549		205,051.13	373.50	.018	1349.02	6.78
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	152	549		205,051.13	373.50	.018	1349.02	6.78
ANCILLARIES	151	0		420,557.73	.00	.000	2785.15	13.91
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00

HOSP OUTPATIENT TOTAL	1,120	3,937	102,500.56	26.04	.130	91.52	3.39
MEDICAL	153	191	6,111.58	32.00	.006	39.94	.20
SURGERY	125	203	6,412.24	31.59	.007	51.30	.21
PATHOLOGY	449	1,685	19,224.71	11.41	.056	42.82	.64
RADIOLOGY	295	391	25,704.54	65.74	.013	87.13	.85
ROOM USE	566	703	27,546.29	39.18	.023	48.67	.91
CROSSOVERS/ALL OTH OUTPTNT	470	764	17,501.20	22.91	.025	37.24	.58
@COUNTY HOSPITAL TOTAL	24	64	7,553.79	\$ 118.03	.002	\$ 314.74	\$.25
CO HOSPITAL INPATIENT TOTAL	2	4	5,406.04	1351.51	.000	2703.02	.18
HSC HOSPITALS	2	4	5,406.04	1351.51	.000	2703.02	.18
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	23	60	2,147.75	35.80	.002	93.38	.07
MEDICAL	15	16	429.02	26.81	.001	28.60	.01
SURGERY	3	3	187.00	62.33	.000	62.33	.01
PATHOLOGY	5	10	90.93	9.09	.000	18.19	.00
RADIOLOGY	3	3	63.57	21.19	.000	21.19	.00
ROOM USE	17	23	1,094.86	47.60	.001	64.40	.04
CROSSOVERS/ALL OTH OUTPTNT	5	5	282.37	56.47	.000	56.47	.01

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,151
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
YOLO COUNTY SUMMARY OF SERVICES FOR ALL FAMILIES

					----- MONTHLY AVERAGE -----			
30,229 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	1,224	4,641	\$ 1,015,525.08	\$ 218.82	.154	\$ 829.68	\$ 33.59	
COMM HOSP INPATIENT TOTAL	216	764	915,172.27	1197.87	.025	4236.91	30.27	
HSC HOSPITALS	66	215	289,563.41	1346.81	.007	4387.32	9.58	
NON-HSC HOSPITALS TOTAL	152	549	625,608.86	1139.54	.018	4115.85	20.70	
ACCOMMODATIONS	152	549	205,051.13	373.50	.018	1349.02	6.78	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	152	549	205,051.13	373.50	.018	1349.02	6.78	
ANCILLARIES	151	0	420,557.73	.00	.000	2785.15	13.91	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	1,101	3,877	100,352.81	25.88	.128	91.15	3.32	
MEDICAL	138	175	5,682.56	32.47	.006	41.18	.19	
SURGERY	122	200	6,225.24	31.13	.007	51.03	.21	
PATHOLOGY	445	1,675	19,133.78	11.42	.055	43.00	.63	
RADIOLOGY	292	388	25,640.97	66.08	.013	87.81	.85	
ROOM USE	551	680	26,451.43	38.90	.022	48.01	.88	
CROSSOVERS/ALL OTH OUTPTNT	465	759	17,218.83	22.69	.025	37.03	.57	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00	
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00	

LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	6	95	\$ 12,957.05	\$ 136.39	.003	\$ 2159.51	\$.43
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	6	95	12,957.05	136.39	.003	2159.51	.43
@REHABILITATION FACILITY	31	328	\$ 5,620.45	\$ 17.14	.011	\$ 181.30	\$.19
HOSPITAL BASED	8	55	1,329.60	24.17	.002	166.20	.04
INDEPENDENT FACILITY	23	273	4,290.85	15.72	.009	186.56	.14
@LABORATORY FACILITY	735	1,868	\$ 27,018.90	\$ 14.46	.062	\$ 36.76	\$.89
PATHOLOGY	735	1,868	27,018.90	14.46	.062	36.76	.89
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	1,830	8,352	\$ 367,939.97	\$ 44.05	.276	\$ 201.06	\$ 12.17
CLINIC	865	6,975	183,834.03	26.36	.231	212.52	6.08
SURGICENTER	5	29	1,017.10	35.07	.001	203.42	.03
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	960	1,348	183,088.84	135.82	.045	190.72	6.06
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						
MOP024	FEE-FOR-SERVICE/DENTAL						
YOLO COUNTY	SUMMARY OF SERVICES FOR ALL FAMILIES						

PAGE 18,152
03/14/05

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
30,229 ELIGIBLES							
@ALL OTHER PROVIDERS	10,638	66,327	\$ 408,199.20	\$ 6.15	2.194	\$ 38.37	\$ 13.50
DURABLE MED. EQUIP.	23	57	14,498.25	254.36	.002	630.36	.48
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	81	705	11,083.94	15.72	.023	136.84	.37
AMBULANCES/AIR TRANS	80	704	9,283.94	13.19	.023	116.05	.31
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	1	1,800.00	1800.00	.000	1800.00	.06
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	212	212	22,260.00	105.00	.007	105.00	.74
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1,693	3,585	31,839.56	8.88	.119	18.81	1.05
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	2	2	108.08	54.04	.000	54.04	.00
PROSTHETICS	2	2	108.08	54.04	.000	54.04	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	10	26	1,414.80	54.42	.001	141.48	.05
SPEECH AND AUDIOLOGY	1	13	536.39	41.26	.000	536.39	.02
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	8,675	31,928	320,341.77	10.03	1.056	36.93	10.60
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	40	29,799	6,116.41	.21	.986	152.91	.20
@CALIF. CHILDREN SERVICES*	143	2,453	\$ 147,060.65	\$ 59.95	.081	\$ 1028.40	\$ 4.86

@XOVER EXCLUDING STATE HOSP** 5 8 \$ 2,625.45 \$ 328.18 .000 \$ 525.09 \$.09

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,153

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

YOLO COUNTY SUMMARY OF SERVICES FOR ALL MEDICALLY INDIGENT

	7,076 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	2,988	11,609	\$	414,198.66	\$ 35.68	1.641	\$ 138.62	\$ 58.54
@PHYSICIANS SERVICES	701	1,267	\$	49,069.84	\$ 38.73	.179	\$ 70.00	\$ 6.93
OUTPATIENT VISITS	559	722		26,554.64	36.78	.102	47.50	3.75
OFFICE VISITS	434	561		18,914.24	33.72	.079	43.58	2.67
HOME VISITS	1	1		44.95	44.95	.000	44.95	.01
EMERGENCY ROOM	125	130		6,409.81	49.31	.018	51.28	.91
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	3	2		240.96	120.48	.000	80.32	.03
OTHER OUTPATIENT	19	28		944.68	33.74	.004	49.72	.13
INPATIENT VISITS	22	58		3,653.77	63.00	.008	166.08	.52
HOSPITAL VISITS	21	56		3,247.13	57.98	.008	154.63	.46
CRITICAL CARE	1	2		406.64	203.32	.000	406.64	.06
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	11	13		564.45	43.42	.002	51.31	.08
EXAMINATIONS	11	13		564.45	43.42	.002	51.31	.08
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	8	23		3,781.89	164.43	.003	472.74	.53
PRINCIPAL SURGEON	6	12		3,375.59	281.30	.002	562.60	.48
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	3	11		406.30	36.94	.002	135.43	.06
OUTPATIENT SURGERY	27	41		2,793.54	68.14	.006	103.46	.39
PRINCIPAL SURGEON	24	25		2,379.39	95.18	.004	99.14	.34
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	3	16		414.15	25.88	.002	138.05	.06
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	24	29		287.40	9.91	.004	11.98	.04
RADIOLOGY	132	159		4,417.02	27.78	.022	33.46	.62
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	2	3		132.76	44.25	.000	66.38	.02
OTHER SERVICES/ALL X-OVERS	94	219		6,884.37	31.44	.031	73.24	.97
@PHARMACY	1,106	2,729	\$	153,510.57	\$ 56.25	.386	\$ 138.80	\$ 21.69
PRESCRIPTION DRUGS	1,098	2,199		150,658.52	68.51	.311	137.21	21.29
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	1,098	2,199		150,658.52	68.51	.311	137.21	21.29
MEDICAL SUPPLIES	36	530		2,852.05	5.38	.075	79.22	.40
@DENTIST	564	3,411	\$	91,280.90	\$ 26.76	.482	\$ 161.85	\$ 12.90
VISITS - DIAGNOSTIC	451	2,520		35,835.90	14.22	.356	79.46	5.06
ORAL SURGERY	59	136		9,506.50	69.90	.019	161.13	1.34
DRUGS	4	4		75.00	18.75	.001	18.75	.01
ANESTHESIA	2	2		200.00	100.00	.000	100.00	.03
PERIODONTICS	14	14		1,285.00	91.79	.002	91.79	.18
ENDODONTICS	31	80		10,939.25	136.74	.011	352.88	1.55
RESTORATIVE DENTISTRY	194	607		31,249.25	51.48	.086	161.08	4.42
PROSTHETICS	1	1		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	1	1		25.00	25.00	.000	25.00	.00
SPACE MAINTAINERS	5	5		560.00	112.00	.001	112.00	.08

MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	16	21	1,605.00	76.43	.003	100.31	.23
ALL OTHER SERVICES	15	20	.00	.00	.003	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,154
MOPO24 FEE-FOR-SERVICE/DENTAL 03/14/05
YOLO COUNTY SUMMARY OF SERVICES FOR ALL MEDICALLY INDIGENT

7,076 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@OPTOMETRIST	43	114	\$ 2,585.25	\$ 22.68	.016	\$ 60.12	\$.37
DIAGNOSTIC AND ANC. PROCED	32	34	1,454.32	42.77	.005	45.45	.21
EYE APPLIANCES	28	80	1,130.93	14.14	.011	40.39	.16
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	2	2	\$ 48.00	\$ 24.00	.000	\$ 24.00	\$.01
MEDICINE/INJECTIONS	2	2	48.00	24.00	.000	24.00	.01
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	280	746	\$ 47,465.94	\$ 63.63	.105	\$ 169.52	\$ 6.71
HOSP INPATIENT TOTAL	9	21	27,658.47	1317.07	.003	3073.16	3.91
HSC HOSPITALS	5	14	20,000.00	1428.57	.002	4000.00	2.83
NON-HSC HOSPITAL TOTAL	4	7	7,658.47	1094.07	.001	1914.62	1.08
ACCOMMODATIONS	4	7	3,565.00	509.29	.001	891.25	.50

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	4	7	3,565.00	509.29	.001	891.25	.50
ANCILLARIES	4	0	4,093.47	.00	.000	1023.37	.58
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	275	725	19,807.47	27.32	.102	72.03	2.80
MEDICAL	29	38	1,470.35	38.69	.005	50.70	.21
SURGERY	11	12	360.38	30.03	.002	32.76	.05
PATHOLOGY	61	225	2,193.66	9.75	.032	35.96	.31
RADIOLOGY	62	80	3,923.13	49.04	.011	63.28	.55
ROOM USE	180	206	7,606.24	36.92	.029	42.26	1.07
CROSSOVERS/ALL OTH OUTPTNT	107	164	4,253.71	25.94	.023	39.75	.60
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,155
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
YOLO COUNTY SUMMARY OF SERVICES FOR ALL MEDICALLY INDIGENT

	7,076 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	280	746	\$	47,465.94	\$ 63.63	.105	\$ 169.52	\$ 6.71
COMM HOSP INPATIENT TOTAL	9	21		27,658.47	1317.07	.003	3073.16	3.91
HSC HOSPITALS	5	14		20,000.00	1428.57	.002	4000.00	2.83
NON-HSC HOSPITALS TOTAL	4	7		7,658.47	1094.07	.001	1914.62	1.08
ACCOMMODATIONS	4	7		3,565.00	509.29	.001	891.25	.50
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	4	7		3,565.00	509.29	.001	891.25	.50
ANCILLARIES	4	0		4,093.47	.00	.000	1023.37	.58
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	275	725		19,807.47	27.32	.102	72.03	2.80
MEDICAL	29	38		1,470.35	38.69	.005	50.70	.21
SURGERY	11	12		360.38	30.03	.002	32.76	.05
PATHOLOGY	61	225		2,193.66	9.75	.032	35.96	.31
RADIOLOGY	62	80		3,923.13	49.04	.011	63.28	.55
ROOM USE	180	206		7,606.24	36.92	.029	42.26	1.07
CROSSOVERS/ALL OTH OUTPTNT	107	164		4,253.71	25.94	.023	39.75	.60
@STATE HOSPITAL	0	0	\$	62.93	\$.00	.000	\$.00	\$.01

MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		62.93		.00	.000	.00	.01
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	0	0		.00		.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	1	1	\$	32.80	\$	32.80	.000	\$ 32.80	\$.00
HOSPITAL BASED	1	1		32.80		32.80	.000	32.80	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	238	587	\$	5,495.02	\$	9.36	.083	\$ 23.09	\$.78
PATHOLOGY	238	587		5,495.02		9.36	.083	23.09	.78
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	427	808	\$	34,043.62	\$	42.13	.114	\$ 79.73	\$ 4.81
CLINIC	287	598		11,743.50		19.64	.085	40.92	1.66
SURGICENTER	3	14		525.40		37.53	.002	175.13	.07
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	137	196		21,774.72		111.10	.028	158.94	3.08

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,156
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
YOLO COUNTY SUMMARY OF SERVICES FOR ALL MEDICALLY INDIGENT

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG COST PER USER	COST PER ELIGIBLE
7,076 ELIGIBLES						
@ALL OTHER PROVIDERS	281	1,944	\$ 30,603.79	\$ 15.74	.275	\$ 108.91 \$ 4.33
DURABLE MED. EQUIP.	5	12	1,317.77	109.81	.002	263.55 .19
BLOOD BANK	0	0	.00	.00	.000	.00 .00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00 .00
MEDICAL TRANSPORTATION	9	73	1,126.20	15.43	.010	125.13 .16
AMBULANCES/AIR TRANS	9	73	1,126.20	15.43	.010	125.13 .16
OTHER TRANS	0	0	.00	.00	.000	.00 .00
OTHER SERVICES	0	0	.00	.00	.000	.00 .00
ACUPUNCTURE	0	0	.00	.00	.000	.00 .00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00 .00
GENETIC DISEASE TESTING	40	40	4,200.00	105.00	.006	105.00 .59
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00 .00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00 .00
OPTICIAN	86	186	1,544.76	8.31	.026	17.96 .22
PHYSICAL THERAPIST	2	20	294.15	14.71	.003	147.08 .04
PORTABLE X-RAY	0	0	.00	.00	.000	.00 .00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00 .00
PROSTHETICS	0	0	.00	.00	.000	.00 .00
ORTHOTICS	0	0	.00	.00	.000	.00 .00
PSYCHOLOGIST	0	0	.00	.00	.000	.00 .00
SPEECH AND AUDIOLOGY	1	2	68.46	34.23	.000	68.46 .01
HOSPICE SERVICES	0	0	.00	.00	.000	.00 .00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00 .00

LOCAL EDUCATION AGENCIES	139	916	11,266.70	12.30	.129	81.06	1.59
EPSDT SUPPLEMENTAL SERVICE	1	350	10,293.50	29.41	.049	10293.50	1.45
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	2	345	492.25	1.43	.049	246.13	.07
@CALIF. CHILDREN SERVICES*	52	257	\$ 33,441.36	\$ 130.12	.036	\$ 643.10	\$ 4.73
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 18,157
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
YOLO COUNTY	SUMMARY OF SERVICES FOR RENAL DIALYSIS	AID CODES 71

24 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	1	0	\$ 823.53	\$.00	.000	\$ 823.53	\$ 34.31
@PHYSICIANS SERVICES	0	0	.00	.00	.000	.00	.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00

PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,158
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
YOLO COUNTY SUMMARY OF SERVICES FOR RENAL DIALYSIS AID CODES 71

24 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	1	0	\$ 823.53	\$.00	.000	\$ 823.53	\$ 34.31
HOSP INPATIENT TOTAL	1	0	823.20	.00	.000	823.20	34.30
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	0	823.20	.00	.000	823.20	34.30
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.33	.00	.000	.00	.01
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.33	.00	.000	.00	.01
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,159
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
YOLO COUNTY SUMMARY OF SERVICES FOR RENAL DIALYSIS AID CODES 71

24 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1	0	\$ 823.53	\$.00	.000	\$ 823.53	\$ 34.31
COMM HOSP INPATIENT TOTAL	1	0	823.20	.00	.000	823.20	34.30
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	0	823.20	.00	.000	823.20	34.30
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.33	.00	.000	.00	.01
MEDICAL	0	0	.00	.00	.000	.00	.00

SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.33	.00	.000	.00	.01
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,160
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
YOLO COUNTY SUMMARY OF SERVICES FOR RENAL DIALYSIS AID CODES 71

24 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER COST PER PER ELIG USER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000 \$.00 \$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000 .00 .00
BLOOD BANK	0	0	.00	.00	.000 .00 .00
HEARING AID DISPENSERS	0	0	.00	.00	.000 .00 .00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000 .00 .00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000 .00 .00
OTHER TRANS	0	0	.00	.00	.000 .00 .00
OTHER SERVICES	0	0	.00	.00	.000 .00 .00
ACUPUNCTURE	0	0	.00	.00	.000 .00 .00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000 .00 .00
GENETIC DISEASE TESTING	0	0	.00	.00	.000 .00 .00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000 .00 .00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000 .00 .00
OPTICIAN	0	0	.00	.00	.000 .00 .00
PHYSICAL THERAPIST	0	0	.00	.00	.000 .00 .00
PORTABLE X-RAY	0	0	.00	.00	.000 .00 .00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000 .00 .00

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	1	0	\$ 823.20	\$.00	.000	\$ 823.20	\$ 34.30

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

PAGE 18,161

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

YOLO COUNTY

SUMMARY OF SERVICES FOR TOTAL PARENTERAL NUTRITION

AID CODES 73

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00

MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	0	0	\$	.00	\$	.000	\$	.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 18,162	
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05	
YOLO COUNTY	SUMMARY OF SERVICES FOR TOTAL PARENTERAL NUTRITION						AID CODES 73	

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSEOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,163
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

YOLO COUNTY SUMMARY OF SERVICES FOR TOTAL PARENTERAL NUTRITION AID CODES 73

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSEOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00

ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,164
 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
 YOLO COUNTY SUMMARY OF SERVICES FOR TOTAL PARENTERAL NUTRITION AID CODES 73

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
MOP024 FEE-FOR-SERVICE/DENTAL
YOLO COUNTY SUMMARY OF SERVICES FOR IRCA ALIENS

PAGE 18,165
03/14/05

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00

IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00	.00
@PHARMACY	0	0	\$	.00	\$	.000	\$	.00
PRESCRIPTION DRUGS	0	0		.00		.000		.00
SNF/ICF	0	0		.00		.000		.00
OUTPATIENTS	0	0		.00		.000		.00
MEDICAL SUPPLIES	0	0		.00		.000		.00
@DENTIST	0	0	\$	.00	\$	.000	\$	.00
VISITS - DIAGNOSTIC	0	0		.00		.000		.00
ORAL SURGERY	0	0		.00		.000		.00
DRUGS	0	0		.00		.000		.00
ANESTHESIA	0	0		.00		.000		.00
PERIODONTICS	0	0		.00		.000		.00
ENDODONTICS	0	0		.00		.000		.00
RESTORATIVE DENTISTRY	0	0		.00		.000		.00
PROSTHETICS	0	0		.00		.000		.00
DENTURES, STAYPLATES	0	0		.00		.000		.00
SPACE MAINTAINERS	0	0		.00		.000		.00
MAXILLOFACIAL SERVICES	0	0		.00		.000		.00
FRACTURES, DISLOCATIONS	0	0		.00		.000		.00
ORTHODONTIC SERVICES	0	0		.00		.000		.00
ALL OTHER SERVICES	0	0		.00		.000		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,166
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
YOLO COUNTY SUMMARY OF SERVICES FOR IRCA ALIENS AID CODES 51 52 56 57

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,167
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
YOLO COUNTY SUMMARY OF SERVICES FOR IRCA ALIENS AID CODES 51 52 56 57

					----- MONTHLY AVERAGE -----			
00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
MEDICAL	0	0	.00	.00	.000	.00	.00	
SURGERY	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	.00	
ROOM USE	0	0	.00	.00	.000	.00	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00	
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00	

LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.000	\$	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.000	\$	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.000	\$	.00
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							PAGE 18,168
MOP024	FEE-FOR-SERVICE/DENTAL							03/14/05
YOLO COUNTY	SUMMARY OF SERVICES FOR IRCA ALIENS							AID CODES 51 52 56 57

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00

@XOVER EXCLUDING STATE HOSP** 0 0 \$.00 \$.00 .000 \$.00 \$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,169

MOPO24 FEE-FOR-SERVICE/DENTAL 03/14/05

YOLO COUNTY SUMMARY OF SERVICES FOR MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

09 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@TOTAL, ALL PROVIDERS	83	136	\$ 8,170.86	\$ 60.08	15.111	\$	98.44	\$ 907.87
@PHYSICIANS SERVICES	1	1	\$ 37.73	\$ 37.73	.111	\$	37.73	\$ 4.19
OUTPATIENT VISITS	0	0	.00	.00	.000		.00	.00
OFFICE VISITS	0	0	.00	.00	.000		.00	.00
HOME VISITS	0	0	.00	.00	.000		.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000		.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000		.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000		.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000		.00	.00
INPATIENT VISITS	0	0	.00	.00	.000		.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000		.00	.00
CRITICAL CARE	0	0	.00	.00	.000		.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000		.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000		.00	.00
EXAMINATIONS	0	0	.00	.00	.000		.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000		.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000		.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000		.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000		.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000		.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000		.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000		.00	.00

ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	1	1		37.73	37.73	.111	37.73	4.19
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00	.00
@PHARMACY	5	8	\$	2,707.84	\$ 338.48	.889	\$ 541.57	\$ 300.87
PRESCRIPTION DRUGS	5	8		2,707.84	338.48	.889	541.57	300.87
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	5	8		2,707.84	338.48	.889	541.57	300.87
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	24	56	\$	695.00	\$ 12.41	6.222	\$ 28.96	\$ 77.22
VISITS - DIAGNOSTIC	18	43		374.00	8.70	4.778	20.78	41.56
ORAL SURGERY	2	2		85.00	42.50	.222	42.50	9.44
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	5	4		236.00	59.00	.444	47.20	26.22
ENDODONTICS	2	2		.00	.00	.222	.00	.00
RESTORATIVE DENTISTRY	1	2		.00	.00	.222	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	3	3		.00	.00	.333	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,170
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
YOLO COUNTY SUMMARY OF SERVICES FOR MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

09 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	19	19	\$ 812.58	\$ 42.77	2.111	\$ 42.77	\$ 90.29
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	19	19	812.58	42.77	2.111	42.77	90.29
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	1	1	82.47	82.47	.111	82.47	9.16
ROOM USE	1	1	34.65	34.65	.111	34.65	3.85
CROSSOVERS/ALL OTH OUTPTNT	17	17	695.46	40.91	1.889	40.91	77.27
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,171
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
YOLO COUNTY SUMMARY OF SERVICES FOR MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
09 ELIGIBLES							
@COMMUNITY HOSPITAL TOTAL	19	19	\$ 812.58	\$ 42.77	2.111	\$ 42.77	\$ 90.29
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	19	19	812.58	42.77	2.111	42.77	90.29
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	1	1	82.47	82.47	.111	82.47	9.16
ROOM USE	1	1	34.65	34.65	.111	34.65	3.85
CROSSOVERS/ALL OTH OUTPTNT	17	17	695.46	40.91	1.889	40.91	77.27
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00

MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	0	0		.00		.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$	.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	1	3	\$	18.21	\$	6.07	.333	\$	18.21
PATHOLOGY	1	3		18.21		6.07	.333		18.21
XO AND OTHERS	0	0		.00		.00	.000		.00
@ORGANIZED OUTPATIENT CLINIC	3	16	\$	434.50	\$	27.16	1.778	\$	144.83
CLINIC	1	13		257.50		19.81	1.444		257.50
SURGICENTER	0	0		.00		.00	.000		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00
RURAL HEALTH CLINIC	2	3		177.00		59.00	.333		88.50

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,172
 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
 YOLO COUNTY SUMMARY OF SERVICES FOR MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

09 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	33	33	\$ 3,465.00	\$ 105.00	3.667	\$ 105.00	\$ 385.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	33	33	3,465.00	105.00	3.667	105.00	385.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 18,173
MOP024	FEE-FOR-SERVICE/DENTAL		03/14/05
YOLO COUNTY	SUMMARY OF SERVICES FOR REFUGEES	AID CODES 01 02 08 0A	

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	41	393	\$ 157,358.89	\$ 400.40	.000	\$ 3838.02	\$.00
@PHYSICIANS SERVICES	0	0	.00	.00	.000	.00	.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	1	1	\$ 292.17	\$ 292.17	.000	\$ 292.17	\$.00
PRESCRIPTION DRUGS	1	1	292.17	292.17	.000	292.17	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	1	1	292.17	292.17	.000	292.17	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	27	139	\$ 9,153.00	\$ 65.85	.000	\$ 339.00	\$.00
VISITS - DIAGNOSTIC	13	56	1,398.00	24.96	.000	107.54	.00
ORAL SURGERY	2	2	220.00	110.00	.000	110.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00

PERIODONTICS	5	5	311.00	62.20	.000	62.20	.00
ENDODONTICS	8	16	2,806.00	175.38	.000	350.75	.00
RESTORATIVE DENTISTRY	17	59	4,368.00	74.03	.000	256.94	.00
PROSTHETICS	1	1	50.00	50.00	.000	50.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,174
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
YOLO COUNTY SUMMARY OF SERVICES FOR REFUGEES AID CODES 01 02 08 0A

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0 \$	.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0 \$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$.00	\$.00

FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 18,175
MOP024	FEE-FOR-SERVICE/DENTAL		03/14/05
YOLO COUNTY	SUMMARY OF SERVICES FOR REFUGEES	AID CODES 01 02 08 0A	

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$	.00	.000	\$	.00
COMM HOSP INPATIENT TOTAL	0	0		.00	.000		.00
HSC HOSPITALS	0	0		.00	.000		.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.000		.00
ACCOMMODATIONS	0	0		.00	.000		.00
ADMINISTRATIVE DAYS	0	0		.00	.000		.00
TRANSITIONAL IP CARE	0	0		.00	.000		.00
ALL OTHER ACCOM	0	0		.00	.000		.00
ANCILLARIES	0	0		.00	.000		.00
INPATIENT CROSSOVERS	0	0		.00	.000		.00
ALL OTHER INPATIENT	0	0		.00	.000		.00
COMM HOSP OUTPATIENT TOTAL	0	0		.00	.000		.00
MEDICAL	0	0		.00	.000		.00

SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
@STATE HOSPITAL	8	243	\$	147,799.27	\$ 608.23	.000	\$ 18474.91	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	8	243		147,799.27	608.23	.000	18474.91	.00
@NURSING FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,176
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
YOLO COUNTY SUMMARY OF SERVICES FOR REFUGEES AID CODES 01 02 08 0A

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	5	10	\$ 114.45	\$ 11.45	.000	\$ 22.89	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	5	10	114.45	11.45	.000	22.89	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

PAGE 18,177

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

YOLO COUNTY SUMMARY OF SERVICES FOR BCCTP-FEDERAL AID CODES 0M 0N 0P

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@TOTAL, ALL PROVIDERS	15	43	\$ 2,363.95	\$ 54.98	.000	\$ 157.60	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	3	3	\$ 109.15	\$ 36.38	.000	\$ 36.38	\$.00
PRESCRIPTION DRUGS	3	3	109.15	36.38	.000	36.38	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	3	3	109.15	36.38	.000	36.38	.00

MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	9	33	\$	1,970.00	\$ 59.70	.000	\$ 218.89	\$.00
VISITS - DIAGNOSTIC	5	19		169.00	8.89	.000	33.80	.00
ORAL SURGERY	1	1		85.00	85.00	.000	85.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	1	1		260.00	260.00	.000	260.00	.00
RESTORATIVE DENTISTRY	4	9		506.00	56.22	.000	126.50	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	2	3		950.00	316.67	.000	475.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,178
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
YOLO COUNTY SUMMARY OF SERVICES FOR BCCTP-FEDERAL AID CODES 0M 0N 0P

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

CROSSTOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSTOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSTOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,179
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
YOLO COUNTY SUMMARY OF SERVICES FOR BCCTP-FEDERAL AID CODES 0M 0N 0P

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	1	1	\$ 216.00	\$ 216.00	.000	\$ 216.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	1	1	216.00	216.00	.000	216.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,180
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
YOLO COUNTY SUMMARY OF SERVICES FOR BCCTP-FEDERAL AID CODES OM ON OP

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	3	6	\$ 68.80	\$ 11.47	.000	\$ 22.93	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	3	6	68.80	11.47	.000	22.93	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
MOP024 FEE-FOR-SERVICE/DENTAL
YOLO COUNTY SUMMARY OF SERVICES FOR BCCTP-STATE-ONLY AID CODES OR OT OU OV

PAGE 18,181

03/14/05

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@TOTAL, ALL PROVIDERS	3	3	\$ 104.24	\$ 34.75	.000		\$ 34.75	\$.00
@PHYSICIANS SERVICES	2	2	\$ 104.24	\$ 52.12	.000		\$ 52.12	\$.00
OUTPATIENT VISITS	1	1	18.10	18.10	.000		18.10	.00
OFFICE VISITS	1	1	18.10	18.10	.000		18.10	.00
HOME VISITS	0	0	.00	.00	.000		.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000		.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000		.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000		.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000		.00	.00
INPATIENT VISITS	0	0	.00	.00	.000		.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000		.00	.00
CRITICAL CARE	0	0	.00	.00	.000		.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000		.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000		.00	.00
EXAMINATIONS	0	0	.00	.00	.000		.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000		.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000		.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000		.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000		.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000		.00	.00
OUTPATIENT SURGERY	1	1	86.14	86.14	.000		86.14	.00
PRINCIPAL SURGEON	1	1	86.14	86.14	.000		86.14	.00
ASSISTANT SURGEON	0	0	.00	.00	.000		.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000		.00	.00
DIALYSIS	0	0	.00	.00	.000		.00	.00
PATHOLOGY	0	0	.00	.00	.000		.00	.00
RADIOLOGY	0	0	.00	.00	.000		.00	.00
PSYCHIATRY	0	0	.00	.00	.000		.00	.00

IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00	.00
@PHARMACY	0	0	\$	.00	\$	.000	\$	.00
PRESCRIPTION DRUGS	0	0		.00	.00	.000	.00	.00
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	0	0		.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	1	1	\$	.00	\$	.000	\$	.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	1	1		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,182
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
YOLO COUNTY SUMMARY OF SERVICES FOR BCCTP-STATE-ONLY AID CODES OR OT OU OV

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$	.00	.000	\$	.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.000	.00	.00
EYE APPLIANCES	0	0		.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0		.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$	.00	.000	\$	.00
VISITS	0	0		.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.000	.00	.00
@PODIATRIST	0	0	\$	.00	.000	\$	.00
MEDICINE/INJECTIONS	0	0		.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.000	.00	.00
OTHER	0	0		.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$	.00	.000	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	.000	\$	.00
NURSE MIDWIFE	0	0	\$	.00	.000	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	.000	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	.000	\$	.00
@TOTAL HOSPITAL	0	0	\$	.00	.000	\$	.00
HOSP INPATIENT TOTAL	0	0		.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.000	.00	.00
ANCILLARIES	0	0		.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.000	.00	.00

HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 18,183
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
YOLO COUNTY	SUMMARY OF SERVICES FOR BCCTP-STATE-ONLY AID CODES 0R 0T 0U 0V						

					----- MONTHLY AVERAGE -----			
00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
MEDICAL	0	0	.00	.00	.000	.00	.00	
SURGERY	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	.00	
ROOM USE	0	0	.00	.00	.000	.00	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00	
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00	

LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.000	\$	.00 \$
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.000	\$	.00 \$
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.000	\$	.00 \$
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.000	\$	.00 \$
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.000	\$	.00 \$
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,184
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
YOLO COUNTY SUMMARY OF SERVICES FOR BCCTP-STATE-ONLY AID CODES 0R 0T 0U 0V

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00

AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 18,185
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
YOLO COUNTY	SUMMARY OF SERVICES FOR BCCTP-TOTAL	

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	18	46	\$ 2,468.19	\$ 53.66	.000	\$ 137.12	\$.00
@PHYSICIANS SERVICES	2	2	\$ 104.24	\$ 52.12	.000	\$ 52.12	\$.00
OUTPATIENT VISITS	1	1	18.10	18.10	.000	18.10	.00
OFFICE VISITS	1	1	18.10	18.10	.000	18.10	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	1	1	86.14	86.14	.000	86.14	.00
PRINCIPAL SURGEON	1	1	86.14	86.14	.000	86.14	.00

ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	3	3	\$ 109.15	\$ 36.38	.000	\$ 36.38	\$.00
PRESCRIPTION DRUGS	3	3	109.15	36.38	.000	36.38	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	3	3	109.15	36.38	.000	36.38	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	10	34	\$ 1,970.00	\$ 57.94	.000	\$ 197.00	\$.00
VISITS - DIAGNOSTIC	5	19	169.00	8.89	.000	33.80	.00
ORAL SURGERY	1	1	85.00	85.00	.000	85.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	1	1	260.00	260.00	.000	260.00	.00
RESTORATIVE DENTISTRY	5	10	506.00	50.60	.000	101.20	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	2	3	950.00	316.67	.000	475.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						
MOP024	FEE-FOR-SERVICE/DENTAL						
YOLO COUNTY	SUMMARY OF SERVICES FOR BCCTP-TOTAL						

PAGE 18,186
03/14/05

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						
MOP024	FEE-FOR-SERVICE/DENTAL						
YOLO COUNTY	SUMMARY OF SERVICES FOR BCCTP-TOTAL						

PAGE 18,187
03/14/05

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00

MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	0	0		.00		.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$	.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	1	1	\$	216.00	\$	216.00	.000	\$	216.00
CLINIC	0	0		.00		.00	.000	.00	.00
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	1	1		216.00		216.00	.000		216.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,188
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
YOLO COUNTY SUMMARY OF SERVICES FOR BCCTP-TOTAL

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	3	6	\$ 68.80	\$ 11.47	.000	\$ 22.93	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	3	6	68.80	11.47	.000	22.93	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 18,189
MOP024	FEE-FOR-SERVICE/DENTAL		03/14/05
YOLO COUNTY	SUMMARY OF SERVICES FOR QMB - ONLY	AID CODE 80	

49 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	151	140	\$ 107,862.99	\$ 770.45	2.857	\$ 714.32	\$ 2201.29
@PHYSICIANS SERVICES	10	11	\$ 239.29	\$ 21.75	.224	\$ 23.93	\$ 4.88
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00

INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00		.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00		.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00		.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00		.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00		.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00		.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00		.00	.000	.00	.00
DIALYSIS	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	10	11		239.29		21.75	.224	23.93	4.88
@PHARMACY	1	4	\$	19.83	\$	4.96	.082	19.83	.40
PRESCRIPTION DRUGS	0	0		.00		.00	.000	.00	.00
SNF/ICF	0	0		.00		.00	.000	.00	.00
OUTPATIENTS	0	0		.00		.00	.000	.00	.00
MEDICAL SUPPLIES	1	4		19.83		4.96	.082	19.83	.40
@DENTIST	0	0	\$	.00	\$	.00	.000	.00	.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000	.00	.00
ORAL SURGERY	0	0		.00		.00	.000	.00	.00
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	0	0		.00		.00	.000	.00	.00
ENDODONTICS	0	0		.00		.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.00	.00
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,190
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
YOLO COUNTY SUMMARY OF SERVICES FOR QMB - ONLY AID CODE 80

49 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0 \$	.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0 \$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$.00	\$.00

FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	44	113	\$	31,001.12	\$	274.35	2.306	\$	704.57	\$	632.68
HOSP INPATIENT TOTAL	29	0		28,751.43		.00	.000		991.43		586.76
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	29	0		28,751.43		.00	.000		991.43		586.76
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	15	113		2,249.69		19.91	2.306		149.98		45.91
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	15	113		2,249.69		19.91	2.306		149.98		45.91
@COUNTY HOSPITAL TOTAL	0	0	\$	818.41	\$	.00	.000	\$	.00	\$	16.70
CO HOSPITAL INPATIENT TOTAL	0	0		818.41		.00	.000		.00		16.70
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		818.41		.00	.000		.00		16.70
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,191
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
YOLO COUNTY SUMMARY OF SERVICES FOR QMB - ONLY AID CODE 80

49 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	44	113	\$ 30,182.71	\$ 267.10	2.306	\$ 685.97	\$ 615.97
COMM HOSP INPATIENT TOTAL	29	0	27,933.02	.00	.000	963.21	570.06
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	29	0	27,933.02	.00	.000	963.21	570.06
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	15	113	2,249.69	19.91	2.306	149.98	45.91
MEDICAL	0	0	.00	.00	.000	.00	.00

SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	15	113	2,249.69	19.91	2.306	149.98	45.91
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	103	0	\$ 76,532.70	\$.00	.000	\$ 743.04	\$ 1561.89
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	103	0	76,532.70	.00	.000	743.04	1561.89
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,192
 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
 YOLO COUNTY SUMMARY OF SERVICES FOR QMB - ONLY AID CODE 80

49 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	3	12	\$ 70.05	\$ 5.84	.245	\$ 23.35	\$ 1.43
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	3	12	70.05	5.84	.245	23.35	1.43
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	151	140	\$ 107,862.99	\$ 770.45	2.857	\$ 714.32	\$ 2201.29

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

PAGE 18,193

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

YOLO COUNTY SUMMARY OF SERVICES FOR 133% PROGRAM AID CODES 72 74 8N 8P

649 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	332	1,589	\$ 35,922.81	\$ 22.61	2.448	\$ 108.20	\$ 55.35
@PHYSICIANS SERVICES	10	15	\$ 508.26	\$ 33.88	.023	\$ 50.83	\$.78
OUTPATIENT VISITS	8	10	353.90	35.39	.015	44.24	.55
OFFICE VISITS	3	5	130.90	26.18	.008	43.63	.20
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	5	5	223.00	44.60	.008	44.60	.34
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	1	1	119.39	119.39	.002	119.39	.18
PRINCIPAL SURGEON	1	1	119.39	119.39	.002	119.39	.18
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	1	2.10	2.10	.002	2.10	.00
RADIOLOGY	3	3	32.87	10.96	.005	10.96	.05
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	22	82	\$ 3,359.34	\$ 40.97	.126	\$ 152.70	\$ 5.18
PRESCRIPTION DRUGS	20	37	2,110.21	57.03	.057	105.51	3.25
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	20	37	2,110.21	57.03	.057	105.51	3.25

MEDICAL SUPPLIES	3	45		1,249.13		27.76	.069	416.38	1.92
@DENTIST	187	897	\$	23,638.15	\$	26.35	1.382	\$ 126.41	\$ 36.42
VISITS - DIAGNOSTIC	163	590		8,549.15		14.49	.909	52.45	13.17
ORAL SURGERY	16	32		1,176.00		36.75	.049	73.50	1.81
DRUGS	4	4		100.00		25.00	.006	25.00	.15
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	1	1		.00		.00	.002	.00	.00
ENDODONTICS	18	50		3,479.00		69.58	.077	193.28	5.36
RESTORATIVE DENTISTRY	51	209		10,214.00		48.87	.322	200.27	15.74
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00	.00
SPACE MAINTAINERS	1	1		120.00		120.00	.002	120.00	.18
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	12	10		.00		.00	.015	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004								PAGE 18,194
MOP024	FEE-FOR-SERVICE/DENTAL								03/14/05
YOLO COUNTY	SUMMARY OF SERVICES FOR 133% PROGRAM								AID CODES 72 74 8N 8P

649 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00

RADIO./PATHOLOGY	0	0		.00		.00	.000	.00	.00
OTHER	0	0		.00		.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00
@TOTAL HOSPITAL	4	7	\$	194.91	\$	27.84	.011	\$	48.73
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00
ANCILLARIES	0	0		.00		.00	.000		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00
HOSP OUTPATIENT TOTAL	4	7		194.91		27.84	.011		48.73
MEDICAL	0	0		.00		.00	.000		.00
SURGERY	2	2		42.48		21.24	.003		21.24
PATHOLOGY	1	1		11.58		11.58	.002		11.58
RADIOLOGY	2	2		43.25		21.63	.003		21.63
ROOM USE	2	2		97.60		48.80	.003		48.80
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00
ANCILLARIES	0	0		.00		.00	.000		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00
MEDICAL	0	0		.00		.00	.000		.00
SURGERY	0	0		.00		.00	.000		.00
PATHOLOGY	0	0		.00		.00	.000		.00
RADIOLOGY	0	0		.00		.00	.000		.00
ROOM USE	0	0		.00		.00	.000		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,195
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
YOLO COUNTY SUMMARY OF SERVICES FOR 133% PROGRAM AID CODES 72 74 8N 8P

649 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	4	7	\$ 194.91	\$ 27.84	.011	\$ 48.73	\$.30
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	4	7	194.91	27.84	.011	48.73	.30
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	2	2	42.48	21.24	.003	21.24	.07
PATHOLOGY	1	1	11.58	11.58	.002	11.58	.02
RADIOLOGY	2	2	43.25	21.63	.003	21.63	.07
ROOM USE	2	2	97.60	48.80	.003	48.80	.15
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.--DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	2	5	\$ 45.68	\$ 9.14	.008	\$ 22.84	\$.07
PATHOLOGY	2	5	45.68	9.14	.008	22.84	.07
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	10	12	\$ 866.97	\$ 72.25	.018	\$ 86.70	\$ 1.34
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	10	12	866.97	72.25	.018	86.70	1.34

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,196
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
YOLO COUNTY SUMMARY OF SERVICES FOR 133% PROGRAM AID CODES 72 74 8N 8P

649 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	102	571	\$ 7,309.50	\$ 12.80	.880	\$ 71.66	\$ 11.26
DURABLE MED. EQUIP.	1	13	1,279.14	98.40	.020	1279.14	1.97
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	1	5	72.47	14.49	.008	72.47	.11
AMBULANCES/AIR TRANS	1	5	72.47	14.49	.008	72.47	.11
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	8	16	149.26	9.33	.025	18.66	.23
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	92	537	5,808.63	10.82	.827	63.14	8.95
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	5	65	\$ 3,743.07	\$ 57.59	.100	\$ 748.61	\$ 5.77
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 18,197
MOP024	FEE-FOR-SERVICE/DENTAL		03/14/05
YOLO COUNTY	SUMMARY OF SERVICES FOR 100% PROGRAM	AID CODES 7A 7C 8R 8T	

466 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	504	2,439	\$ 41,676.06	\$ 17.09	5.234	\$ 82.69	\$ 89.43
@PHYSICIANS SERVICES	12	15	\$ 447.65	\$ 29.84	.032	\$ 37.30	\$.96
OUTPATIENT VISITS	4	4	158.27	39.57	.009	39.57	.34
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	3	3	137.33	45.78	.006	45.78	.29
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	1	1	20.94	20.94	.002	20.94	.04
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	2	2	200.16	100.08	.004	100.08	.43
PRINCIPAL SURGEON	2	2	200.16	100.08	.004	100.08	.43
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	9	9	89.22	9.91	.019	9.91	.19
PSYCHIATRY	0	0	.00	.00	.000	.00	.00

IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00	.00
@PHARMACY	15	21	\$	2,546.27	\$ 121.25	.045	\$ 169.75	\$ 5.46
PRESCRIPTION DRUGS	14	20		2,521.18	126.06	.043	180.08	5.41
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	14	20		2,521.18	126.06	.043	180.08	5.41
MEDICAL SUPPLIES	1	1		25.09	25.09	.002	25.09	.05
@DENTIST	222	1,192	\$	25,362.50	\$ 21.28	2.558	\$ 114.25	\$ 54.43
VISITS - DIAGNOSTIC	176	939		11,732.50	12.49	2.015	66.66	25.18
ORAL SURGERY	33	51		2,628.00	51.53	.109	79.64	5.64
DRUGS	3	4		100.00	25.00	.009	33.33	.21
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	2	2		236.00	118.00	.004	118.00	.51
ENDODONTICS	19	22		2,862.00	130.09	.047	150.63	6.14
RESTORATIVE DENTISTRY	66	154		7,189.00	46.68	.330	108.92	15.43
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	3	3		440.00	146.67	.006	146.67	.94
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	4	4		175.00	43.75	.009	43.75	.38
ALL OTHER SERVICES	3	13		.00	.00	.028	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,198
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
YOLO COUNTY SUMMARY OF SERVICES FOR 100% PROGRAM AID CODES 7A 7C 8R 8T

466 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	2	2	\$ 32.08	\$ 16.04	.004	\$ 16.04	\$.07
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	2	2	32.08	16.04	.004	16.04	.07
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	10	13	\$ 333.26	\$ 25.64	.028	\$ 33.33	\$.72
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

HOSP OUTPATIENT TOTAL	10	13	333.26	25.64	.028	33.33	.72
MEDICAL	0	0	2.25CR	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	8	8	196.16	24.52	.017	24.52	.42
ROOM USE	3	3	118.83	39.61	.006	39.61	.26
CROSSOVERS/ALL OTH OUTPTNT	2	2	20.52	10.26	.004	10.26	.04
@COUNTY HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 18,199
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
YOLO COUNTY	SUMMARY OF SERVICES FOR 100% PROGRAM						
	AID CODES 7A 7C 8R 8T						
	----- MONTHLY AVERAGE -----						
466 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	10	13	\$ 333.26	\$ 25.64	.028	\$ 33.33	\$.72

COMM HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	10	13		333.26	25.64	.028	33.33	.72
MEDICAL	0	0		2.25CR	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	8	8		196.16	24.52	.017	24.52	.42
ROOM USE	3	3		118.83	39.61	.006	39.61	.26
CROSSOVERS/ALL OTH OUTPTNT	2	2		20.52	10.26	.004	10.26	.04
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	2	3	\$	24.11	\$ 8.04	.006	\$ 12.06	\$.05
PATHOLOGY	2	3		24.11	8.04	.006	12.06	.05
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	4	6	\$	241.66	\$ 40.28	.013	\$ 60.42	\$.52
CLINIC	2	2		5.66	2.83	.004	2.83	.01
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	2	4		236.00	59.00	.009	118.00	.51

#CALIF DEPT OF HEALTH SERV
MOP024
YOLO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR 100% PROGRAM

PAGE 18,200
03/14/05

	466 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	244		1,187	\$ 12,688.53	\$ 10.69	2.547	\$ 52.00	\$ 27.23
DURABLE MED. EQUIP.	0		0	.00	.00	.000	.00	.00
BLOOD BANK	0		0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0		0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0		0	.00	.00	.000	.00	.00

AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	21	41	341.90	8.34	.088	16.28	.73
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	224	1,146	12,346.63	10.77	2.459	55.12	26.49
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ 2.25CR	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 18,201
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
YOLO COUNTY	SUMMARY OF SERVICES FOR PRESUMPTIVE ELIGIBILITY-PREGNANT AID CODES 7F 7G	

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER COST PER PER ELIG USER ELIGIBLE
@TOTAL, ALL PROVIDERS	774	5,228	\$ 169,882.63	\$ 32.49	.000 \$ 219.49 \$.00
@PHYSICIANS SERVICES	44	47	\$ 3,820.54	\$ 81.29	.000 \$ 86.83 \$.00
OUTPATIENT VISITS	0	0	50.52	.00	.000 .00 .00
OFFICE VISITS	0	0	.00	.00	.000 .00 .00
HOME VISITS	0	0	.00	.00	.000 .00 .00
EMERGENCY ROOM	0	0	.00	.00	.000 .00 .00
PREVENTIVE CARE	0	0	.00	.00	.000 .00 .00
OB VISITS/COMPRE PERI	0	0	50.52	.00	.000 .00 .00
OTHER OUTPATIENT	0	0	.00	.00	.000 .00 .00
INPATIENT VISITS	0	0	.00	.00	.000 .00 .00
HOSPITAL VISITS	0	0	.00	.00	.000 .00 .00
CRITICAL CARE	0	0	.00	.00	.000 .00 .00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000 .00 .00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000 .00 .00
EXAMINATIONS	0	0	.00	.00	.000 .00 .00
SERVICES AND MATERIALS	0	0	.00	.00	.000 .00 .00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000 .00 .00
PRINCIPAL SURGEON	0	0	.00	.00	.000 .00 .00
ASSISTANT SURGEON	0	0	.00	.00	.000 .00 .00
ANESTHESIOLOGIST	0	0	.00	.00	.000 .00 .00
OUTPATIENT SURGERY	0	0	.00	.00	.000 .00 .00
PRINCIPAL SURGEON	0	0	.00	.00	.000 .00 .00

ASSISTANT SURGEON	0	0		.00		.000	.00	.00
ANESTHESIOLOGIST	0	0		.00		.000	.00	.00
DIALYSIS	0	0		.00		.000	.00	.00
PATHOLOGY	0	0		.00		.000	.00	.00
RADIOLOGY	44	47		3,770.02	80.21	.000	85.68	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00	.00
@PHARMACY	28	37	\$	1,070.71	\$ 28.94	.000	\$ 38.24	\$.00
PRESCRIPTION DRUGS	27	31		647.55	20.89	.000	23.98	.00
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	27	31		647.55	20.89	.000	23.98	.00
MEDICAL SUPPLIES	2	6		423.16	70.53	.000	211.58	.00
@DENTIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,202
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
YOLO COUNTY SUMMARY OF SERVICES FOR PRESUMPTIVE ELIGIBILITY-PREGNANT AID CODES 7F 7G

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	7	15	\$ 246.09CR	\$ 16.41CR	.000	\$ 35.16CR	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	7	15	246.09CR	16.41CR	.000	35.16CR	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	1	1	56.94	56.94	.000	56.94	.00
PATHOLOGY	3	5	71.25	14.25	.000	23.75	.00
RADIOLOGY	2	3	187.43	62.48	.000	93.72	.00
ROOM USE	4	4	130.94	32.74	.000	32.74	.00
CROSSOVERS/ALL OTH OUTPTNT	1	2	692.65CR	346.33CR	.000	692.65CR	.00
@COUNTY HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,203
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
YOLO COUNTY SUMMARY OF SERVICES FOR PRESUMPTIVE ELIGIBILITY-PREGNANT AID CODES 7F 7G

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@COMMUNITY HOSPITAL TOTAL	7	15	246.09CR	\$ 16.41CR	.000	\$ 35.16CR\$	.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	7	15	246.09CR	16.41CR	.000	35.16CR	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	1	1	56.94	56.94	.000	56.94	.00
PATHOLOGY	3	5	71.25	14.25	.000	23.75	.00
RADIOLOGY	2	3	187.43	62.48	.000	93.72	.00
ROOM USE	4	4	130.94	32.74	.000	32.74	.00
CROSSOVERS/ALL OTH OUTPTNT	1	2	692.65CR	346.33CR	.000	692.65CR	.00
@STATE HOSPITAL	0	0	.00	.00	.000	.00	.00

MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	0	0		.00		.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$	.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	510	1,384	\$	31,018.96	\$	22.41	.000	\$	60.82
PATHOLOGY	510	1,384		31,018.96		22.41	.000		60.82
XO AND OTHERS	0	0		.00		.00	.000		.00
@ORGANIZED OUTPATIENT CLINIC	539	3,692	\$	128,653.51	\$	34.85	.000	\$	238.69
CLINIC	529	3,679		127,183.75		34.57	.000		240.42
SURGICENTER	0	0		.00		.00	.000		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00
RURAL HEALTH CLINIC	10	13		1,469.76		113.06	.000		146.98

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,204
 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
 YOLO COUNTY SUMMARY OF SERVICES FOR PRESUMPTIVE ELIGIBILITY-PREGNANT AID CODES 7F 7G

	00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
						----- MONTHLY AVERAGE -----		

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	53	53	\$	5,565.00	\$ 105.00	.000	\$ 105.00	\$.00
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	.00
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0		.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00	.00
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	53	53		5,565.00	105.00	.000	105.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	0	0		.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,205
 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
 YOLO COUNTY SUMMARY OF SERVICES FOR MEDI-CAL TUBERCULOSIS PROGRAM AID CODE 7H

23 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	MONTHLY AVERAGE			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	16	214	\$ 4,767.94	\$ 22.28	9.304	\$ 298.00	\$ 207.30
@PHYSICIANS SERVICES	0	0	\$.00	.00	.000	.00	.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRES PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00

INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00	.00
@PHARMACY	10	19	\$	1,075.56	\$ 56.61	.826	\$ 107.56	\$ 46.76
PRESCRIPTION DRUGS	10	19		1,075.56	56.61	.826	107.56	46.76
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	10	19		1,075.56	56.61	.826	107.56	46.76
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,206
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
YOLO COUNTY SUMMARY OF SERVICES FOR MEDI-CAL TUBERCULOSIS PROGRAM AID CODE 7H

23 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00

FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 18,207
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
YOLO COUNTY	SUMMARY OF SERVICES FOR MEDI-CAL TUBERCULOSIS PROGRAM	AID CODE 7H

23 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$	.00	.000	\$	.00
COMM HOSP INPATIENT TOTAL	0	0		.00	.000		.00
HSC HOSPITALS	0	0		.00	.000		.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.000		.00
ACCOMMODATIONS	0	0		.00	.000		.00
ADMINISTRATIVE DAYS	0	0		.00	.000		.00
TRANSITIONAL IP CARE	0	0		.00	.000		.00
ALL OTHER ACCOM	0	0		.00	.000		.00
ANCILLARIES	0	0		.00	.000		.00
INPATIENT CROSSOVERS	0	0		.00	.000		.00
ALL OTHER INPATIENT	0	0		.00	.000		.00
COMM HOSP OUTPATIENT TOTAL	0	0		.00	.000		.00
MEDICAL	0	0		.00	.000		.00

SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	7	195	\$ 3,692.38	\$ 18.94	8.478	\$ 527.48	\$ 160.54
CLINIC	7	195	3,692.38	18.94	8.478	527.48	160.54
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						
MOP024	FEE-FOR-SERVICE/DENTAL						
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23 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
MOP024 FEE-FOR-SERVICE/DENTAL
YOLO COUNTY SUMMARY OF SERVICES FOR MINOR CONSENT AID CODES AID CODES 7M 7P 7R 7N

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276 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	290	1,671	\$ 149,120.74	\$ 89.24	6.054	\$ 514.21	\$ 540.29
@PHYSICIANS SERVICES	142	490	\$ 29,067.96	\$ 59.32	1.775	\$ 204.70	\$ 105.32
OUTPATIENT VISITS	73	212	5,502.12	25.95	.768	75.37	19.94
OFFICE VISITS	10	18	717.15	39.84	.065	71.72	2.60
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	8	8	499.30	62.41	.029	62.41	1.81
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	59	186	4,285.67	23.04	.674	72.64	15.53
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	10	28	1,746.17	62.36	.101	174.62	6.33

HOSPITAL VISITS	9	19		729.57	38.40	.069	81.06	2.64
CRITICAL CARE	1	9		1,016.60	112.96	.033	1016.60	3.68
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	18	37		12,157.41	328.58	.134	675.41	44.05
PRINCIPAL SURGEON	16	17		11,384.73	669.69	.062	711.55	41.25
ASSISTANT SURGEON	1	1		186.50	186.50	.004	186.50	.68
ANESTHESIOLOGIST	3	19		586.18	30.85	.069	195.39	2.12
OUTPATIENT SURGERY	29	39		4,905.03	125.77	.141	169.14	17.77
PRINCIPAL SURGEON	27	28		4,472.27	159.72	.101	165.64	16.20
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	6	11		432.76	39.34	.040	72.13	1.57
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	33	68		1,080.97	15.90	.246	32.76	3.92
RADIOLOGY	31	37		2,749.22	74.30	.134	88.68	9.96
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	11	45		334.48	7.43	.163	30.41	1.21
OTHER SERVICES/ALL X-OVERS	10	24		592.56	24.69	.087	59.26	2.15
@PHARMACY	34	51	\$	2,445.36	47.95	.185	71.92	8.86
PRESCRIPTION DRUGS	34	51		2,445.36	47.95	.185	71.92	8.86
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	34	51		2,445.36	47.95	.185	71.92	8.86
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	0	0	\$	.00	.00	.000	.00	.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,210
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
YOLO COUNTY SUMMARY OF SERVICES FOR MINOR CONSENT AID CODES AID CODES 7M 7P 7R 7N

					----- MONTHLY AVERAGE -----			
276 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00	
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00	
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00	
VISITS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00	

RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$	.00	.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$	.00	.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$	.00	.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	58	264	\$	93,186.03	352.98	.957	\$ 1606.66	\$ 337.63
HOSP INPATIENT TOTAL	18	63		89,492.40	1420.51	.228	4971.80	324.25
HSC HOSPITALS	4	11		26,668.02	2424.37	.040	6667.01	96.62
NON-HSC HOSPITAL TOTAL	15	52		62,824.38	1208.16	.188	4188.29	227.62
ACCOMMODATIONS	15	52		22,925.76	440.88	.188	1528.38	83.06
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	15	52		22,925.76	440.88	.188	1528.38	83.06
ANCILLARIES	15	0		39,898.62	.00	.000	2659.91	144.56
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	51	201		3,693.63	18.38	.728	72.42	13.38
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	5	5		197.10	39.42	.018	39.42	.71
PATHOLOGY	35	130		1,646.38	12.66	.471	47.04	5.97
RADIOLOGY	4	6		274.06	45.68	.022	68.52	.99
ROOM USE	19	23		833.42	36.24	.083	43.86	3.02
CROSSOVERS/ALL OTH OUTPTNT	21	37		742.67	20.07	.134	35.37	2.69
@COUNTY HOSPITAL TOTAL	1	2	\$	16.58	8.29	.007	\$ 16.58	\$.06
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	2		16.58	8.29	.007	16.58	.06
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	1	2		16.58	8.29	.007	16.58	.06

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MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
YOLO COUNTY SUMMARY OF SERVICES FOR MINOR CONSENT AID CODES AID CODES 7M 7P 7R 7N

	276 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	57	262	\$	93,169.45	\$ 355.61	.949	\$ 1634.55	\$ 337.57
COMM HOSP INPATIENT TOTAL	18	63		89,492.40	1420.51	.228	4971.80	324.25
HSC HOSPITALS	4	11		26,668.02	2424.37	.040	6667.01	96.62
NON-HSC HOSPITALS TOTAL	15	52		62,824.38	1208.16	.188	4188.29	227.62
ACCOMMODATIONS	15	52		22,925.76	440.88	.188	1528.38	83.06
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00

ALL OTHER ACCOM	15	52	22,925.76	440.88	.188	1528.38	83.06
ANCILLARIES	15	0	39,898.62	.00	.000	2659.91	144.56
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	50	199	3,677.05	18.48	.721	73.54	13.32
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	5	5	197.10	39.42	.018	39.42	.71
PATHOLOGY	35	130	1,646.38	12.66	.471	47.04	5.97
RADIOLOGY	4	6	274.06	45.68	.022	68.52	.99
ROOM USE	19	23	833.42	36.24	.083	43.86	3.02
CROSSOVERS/ALL OTH OUTPTNT	20	35	726.09	20.75	.127	36.30	2.63
@STATE HOSPITAL	0	0	.00	.00	.000	.00	.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	.00	.00	.000	.00	.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.--DD	0	0	.00	.00	.000	.00	.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	48	99	1,374.94	13.89	.359	28.64	4.98
PATHOLOGY	48	99	1,374.94	13.89	.359	28.64	4.98
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	102	693	21,063.04	30.39	2.511	206.50	76.32
CLINIC	102	693	21,063.04	30.39	2.511	206.50	76.32
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,212
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
YOLO COUNTY SUMMARY OF SERVICES FOR MINOR CONSENT AID CODES AID CODES 7M 7P 7R 7N

276 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	18	74	1,983.41	\$ 26.80	.268	\$ 110.19	\$ 7.19
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	7	63	828.41	13.15	.228	118.34	3.00
AMBULANCES/AIR TRANS	7	63	828.41	13.15	.228	118.34	3.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	11	11	1,155.00	105.00	.040	105.00	4.18

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 18,213
MOP024	FEE-FOR-SERVICE/DENTAL		03/14/05
YOLO COUNTY	SUMMARY OF SERVICES FOR EDWARDS CASES IN PA-FAMILIES	AID CODE 38	

175 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	1,663	6,322	\$ 172,057.75	\$ 27.22	36.126	\$ 103.46	\$ 983.19
@PHYSICIANS SERVICES	26	44	\$ 1,474.96	\$ 33.52	.251	\$ 56.73	\$ 8.43
OUTPATIENT VISITS	21	26	858.41	33.02	.149	40.88	4.91
OFFICE VISITS	12	15	412.86	27.52	.086	34.41	2.36
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	4	4	178.40	44.60	.023	44.60	1.02
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	5	7	267.15	38.16	.040	53.43	1.53
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	1	49.78	49.78	.006	49.78	.28
EXAMINATIONS	1	1	49.78	49.78	.006	49.78	.28
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	2	7	396.68	56.67	.040	198.34	2.27
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	1	1	186.50	186.50	.006	186.50	1.07
ANESTHESIOLOGIST	1	6	210.18	35.03	.034	210.18	1.20
OUTPATIENT SURGERY	5	5	128.34	25.67	.029	25.67	.73
PRINCIPAL SURGEON	5	5	128.34	25.67	.029	25.67	.73
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	2	3	29.07	9.69	.017	14.54	.17
PSYCHIATRY	0	0	.00	.00	.000	.00	.00

IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	2	2	12.68	6.34	.011	6.34	.07
@PHARMACY	59	82	\$ 9,129.59	\$ 111.34	.469	\$ 154.74	\$ 52.17
PRESCRIPTION DRUGS	59	82	9,129.59	111.34	.469	154.74	52.17
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	59	82	9,129.59	111.34	.469	154.74	52.17
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	816	4,006	\$ 126,554.72	\$ 31.59	22.891	\$ 155.09	\$ 723.17
VISITS - DIAGNOSTIC	554	2,706	33,461.41	12.37	15.463	60.40	191.21
ORAL SURGERY	117	248	13,448.25	54.23	1.417	114.94	76.85
DRUGS	4	4	100.00	25.00	.023	25.00	.57
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	46	52	4,597.50	88.41	.297	99.95	26.27
ENDODONTICS	80	144	26,185.00	181.84	.823	327.31	149.63
RESTORATIVE DENTISTRY	275	716	40,866.56	57.08	4.091	148.61	233.52
PROSTHETICS	2	2	60.00	30.00	.011	30.00	.34
DENTURES, STAYPLATES	21	97	5,681.00	58.57	.554	270.52	32.46
SPACE MAINTAINERS	4	8	1,000.00	125.00	.046	250.00	5.71
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	19	19	1,155.00	60.79	.109	60.79	6.60
ALL OTHER SERVICES	13	10	.00	.00	.057	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 18,214
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
YOLO COUNTY	SUMMARY OF SERVICES FOR EDWARDS CASES IN PA-FAMILIES AID CODE 38						

175 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	11	28	\$ 519.18	\$ 18.54	.160	\$ 47.20	\$ 2.97
DIAGNOSTIC AND ANC. PROCED	4	4	181.79	45.45	.023	45.45	1.04
EYE APPLIANCES	10	24	337.39	14.06	.137	33.74	1.93
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00

@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	19	57	\$	1,520.95	\$	26.68	.326	\$	80.05	\$	8.69
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	19	57		1,520.95		26.68	.326		80.05		8.69
MEDICAL	3	6		339.30		56.55	.034		113.10		1.94
SURGERY	2	2		21.65		10.83	.011		10.83		.12
PATHOLOGY	7	18		227.70		12.65	.103		32.53		1.30
RADIOLOGY	2	3		84.07		28.02	.017		42.04		.48
ROOM USE	11	14		520.94		37.21	.080		47.36		2.98
CROSSOVERS/ALL OTH OUTPTNT	9	14		327.29		23.38	.080		36.37		1.87
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,215
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
YOLO COUNTY SUMMARY OF SERVICES FOR EDWARDS CASES IN PA-FAMILIES AID CODE 38

	175 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	19	57	\$	1,520.95	\$ 26.68	.326	\$ 80.05	\$ 8.69

COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	19	57	1,520.95	26.68	.326	80.05	8.69
MEDICAL	3	6	339.30	56.55	.034	113.10	1.94
SURGERY	2	2	21.65	10.83	.011	10.83	1.12
PATHOLOGY	7	18	227.70	12.65	.103	32.53	1.30
RADIOLOGY	2	3	84.07	28.02	.017	42.04	.48
ROOM USE	11	14	520.94	37.21	.080	47.36	2.98
CROSSOVERS/ALL OTH OUTPTNT	9	14	327.29	23.38	.080	36.37	1.87
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	6	24	\$ 332.07	\$ 13.84	.137	\$ 55.35	\$ 1.90
PATHOLOGY	6	24	332.07	13.84	.137	55.35	1.90
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	62	81	\$ 10,809.12	\$ 133.45	.463	\$ 174.34	\$ 61.77
CLINIC	3	8	213.94	26.74	.046	71.31	1.22
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	59	73	10,595.18	145.14	.417	179.58	60.54
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 18,216
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
YOLO COUNTY	SUMMARY OF SERVICES FOR EDWARDS CASES IN PA-FAMILIES AID CODE 38						

----- MONTHLY AVERAGE -----							
175 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	748	2,000	\$ 21,717.16	\$ 10.86	11.429	\$ 29.03	\$ 124.10
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	2	4	243.50	60.88	.023	121.75	1.39

AMBULANCES/AIR TRANS	2	4	243.50	60.88	.023	121.75	1.39
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	9	9	945.00	105.00	.051	105.00	5.40
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	94	202	1,780.89	8.82	1.154	18.95	10.18
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	643	1,784	18,739.76	10.50	10.194	29.14	107.08
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	1	8.01	8.01	.006	8.01	.05
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 18,217
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
YOLO COUNTY	SUMMARY OF SERVICES FOR SSI APPEAL/NLDC IN PA-DISABLED AID CODES 6N 6P	

28 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	24	46	\$ 4,386.81	\$ 95.37	1.643	\$ 182.78	\$ 156.67
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00

ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00	.00
@PHARMACY	12	16	\$	2,240.40	\$ 140.03	.571	\$ 186.70	\$ 80.01
PRESCRIPTION DRUGS	12	16		2,240.40	140.03	.571	186.70	80.01
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	12	16		2,240.40	140.03	.571	186.70	80.01
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	8	23	\$	1,783.00	\$ 77.52	.821	\$ 222.88	\$ 63.68
VISITS - DIAGNOSTIC	4	10		278.00	27.80	.357	69.50	9.93
ORAL SURGERY	1	3		121.00	40.33	.107	121.00	4.32
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	1	1		330.00	330.00	.036	330.00	11.79
RESTORATIVE DENTISTRY	3	6		324.00	54.00	.214	108.00	11.57
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	2	3		730.00	243.33	.107	365.00	26.07
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,218
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
YOLO COUNTY SUMMARY OF SERVICES FOR SSI APPEAL/NLDC IN PA-DISABLED AID CODES 6N 6P

28 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	1	1	\$ 7.80	\$ 7.80	.036	\$ 7.80	\$.28
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1	1	7.80	7.80	.036	7.80	.28
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	1	1	7.80	7.80	.036	7.80	.28
@COUNTY HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

28 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@COMMUNITY HOSPITAL TOTAL	1	1	\$ 7.80	\$ 7.80	.036	\$ 7.80	\$.28
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1	1	7.80	7.80	.036	7.80	.28
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	1	1	7.80	7.80	.036	7.80	.28
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	2	2	\$ 312.91	\$ 156.46	.071	\$ 156.46	\$ 11.18
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	2	2	312.91	156.46	.071	156.46	11.18

#CALIF DEPT OF HEALTH SERV
MOP024
YOLO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR SSI APPEAL/NLDC IN PA-DISABLED AID CODES 6N 6P

28 ELIGIBLES

USERS

UNITS OF SERVICE

EXPENDITURES

AVERAGE COST

UNITS/DAYS

COST PER

COST PER

----- MONTHLY AVERAGE -----

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	3	4	\$	42.70	\$ 10.68	.143	\$ 14.23	\$ 1.53
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	.00
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0		.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00	.00
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	1	2		21.90	10.95	.071	21.90	.78
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	2	2		20.80	10.40	.071	10.40	.74
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,221
 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
 YOLO COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- AGED IN PA-AGED AID CODE 1E

01 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	31	168	\$ 12,056.77	\$ 71.77	168.000	\$ 388.93	\$ 12056.77
@PHYSICIANS SERVICES	0	0	.00	.00	.000	.00	.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRI PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00

INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00	.00
@PHARMACY	10	12	\$	2,471.44	\$ 205.95	12.000	\$ 247.14	\$ 2471.44
PRESCRIPTION DRUGS	10	12		2,471.44	205.95	12.000	247.14	2471.44
SNF/ICF	7	8		1,589.22	198.65	8.000	227.03	1589.22
OUTPATIENTS	3	4		882.22	220.56	4.000	294.07	882.22
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	12	43	\$	2,184.55	\$ 50.80	43.000	\$ 182.05	\$ 2184.55
VISITS - DIAGNOSTIC	4	12		69.00	5.75	12.000	17.25	69.00
ORAL SURGERY	1	10		390.45	39.05	10.000	390.45	390.45
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	1	1		112.10	112.10	1.000	112.10	112.10
ENDODONTICS	1	1		215.00	215.00	1.000	215.00	215.00
RESTORATIVE DENTISTRY	2	3		500.00	166.67	3.000	250.00	500.00
PROSTHETICS	1	1		.00	.00	1.000	.00	.00
DENTURES, STAYPLATES	3	15		898.00	59.87	15.000	299.33	898.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,222
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
YOLO COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- AGED IN PA-AGED AID CODE 1E

						----- MONTHLY AVERAGE -----		
01 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00	
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00	
@CHIROPRACTOR	0	0 \$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
@PODIATRIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00	
OTHER	0	0	.00	.00	.000	.00	.00	
@HOME HEALTH AGENCY	0	0 \$	.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0 \$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$.00	\$.00

FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,223
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
YOLO COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- AGED IN PA-AGED AID CODE 1E

01 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$	.00	.000	\$	.00
COMM HOSP INPATIENT TOTAL	0	0		.00	.000		.00
HSC HOSPITALS	0	0		.00	.000		.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.000		.00
ACCOMMODATIONS	0	0		.00	.000		.00
ADMINISTRATIVE DAYS	0	0		.00	.000		.00
TRANSITIONAL IP CARE	0	0		.00	.000		.00
ALL OTHER ACCOM	0	0		.00	.000		.00
ANCILLARIES	0	0		.00	.000		.00
INPATIENT CROSSOVERS	0	0		.00	.000		.00
ALL OTHER INPATIENT	0	0		.00	.000		.00
COMM HOSP OUTPATIENT TOTAL	0	0		.00	.000		.00
MEDICAL	0	0		.00	.000		.00

SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$	.00	\$	.000	\$	.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$	.000	\$	.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.000	\$	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.000	\$	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.000	\$	.00
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00

RURAL HEALTH CLINIC
#CALIF DEPT OF HEALTH SERV
MOP024
YOLO COUNTY

0 0 .00 .00 .000 .00 .00
MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR CRAIG CASES- AGED IN PA-AGED

AID CODE 1E
PAGE 18,224
03/14/05

01 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	14	113	\$ 7,400.78	\$ 65.49	113.000	\$ 528.63	\$ 7400.78
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	10	105	7,305.90	69.58	105.000	730.59	7305.90
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	4	8	94.88	11.86	8.000	23.72	94.88
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@* XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,225
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
YOLO COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- BLIND IN PA-BLIND AID CODE 2E

01 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	10	3,708	\$ 6,532.42	\$ 1.76	3708.000	\$ 653.24	\$ 6532.42
@PHYSICIANS SERVICES	0	0	.00	.00	.000	.00	.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00

HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	2	3	\$ 439.11	\$ 146.37	3.000	\$ 219.56	\$ 439.11
PRESCRIPTION DRUGS	2	3	439.11	146.37	3.000	219.56	439.11
SNF/ICF	1	2	188.90	94.45	2.000	188.90	188.90
OUTPATIENTS	1	1	250.21	250.21	1.000	250.21	250.21
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	4	17	\$ 1,489.00	\$ 87.59	17.000	\$ 372.25	\$ 1489.00
VISITS - DIAGNOSTIC	2	6	86.00	14.33	6.000	43.00	86.00
ORAL SURGERY	1	2	130.00	65.00	2.000	130.00	130.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	2	7	373.00	53.29	7.000	186.50	373.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	1	2	900.00	450.00	2.000	900.00	900.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,226
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
YOLO COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- BLIND IN PA-BLIND AID CODE 2E

01 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00

RADIO./PATHOLOGY	0	0		.00		.00	.000	.00	.00
OTHER	0	0		.00		.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00
@TOTAL HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00
ANCILLARIES	0	0		.00		.00	.000		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00
MEDICAL	0	0		.00		.00	.000		.00
SURGERY	0	0		.00		.00	.000		.00
PATHOLOGY	0	0		.00		.00	.000		.00
RADIOLOGY	0	0		.00		.00	.000		.00
ROOM USE	0	0		.00		.00	.000		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00
ANCILLARIES	0	0		.00		.00	.000		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00
MEDICAL	0	0		.00		.00	.000		.00
SURGERY	0	0		.00		.00	.000		.00
PATHOLOGY	0	0		.00		.00	.000		.00
RADIOLOGY	0	0		.00		.00	.000		.00
ROOM USE	0	0		.00		.00	.000		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,227
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
YOLO COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- BLIND IN PA-BLIND AID CODE 2E

01 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,228
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
YOLO COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- BLIND IN PA-BLIND AID CODE 2E

01 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	4	3,688	\$ 4,604.31	\$ 1.25	3688.000	\$ 1151.08	\$ 4604.31
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	4	3,688	4,604.31	1.25	3688.000	1151.08	4604.31
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 18,229
MOP024	FEE-FOR-SERVICE/DENTAL		03/14/05
YOLO COUNTY	SUMMARY OF SERVICES FOR CRAIG CASES- DISABLED IN PA-DISABLED AID CODE 6E		

34 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	228	2,865	\$ 80,016.76	\$ 27.93	84.265	\$ 350.95	\$ 2353.43
@PHYSICIANS SERVICES	16	33	\$ 930.93	\$ 28.21	.971	\$ 58.18	\$ 27.38
OUTPATIENT VISITS	5	5	190.53	38.11	.147	38.11	5.60
OFFICE VISITS	2	2	63.68	31.84	.059	31.84	1.87

HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1		68.35	68.35	.029	68.35	2.01
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	2	2		58.50	29.25	.059	29.25	1.72
INPATIENT VISITS	0	0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	1	1		3.63	3.63	.029	3.63	.11
RADIOLOGY	1	3		81.31	27.10	.088	81.31	2.39
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	11	24		655.46	27.31	.706	59.59	19.28
@PHARMACY	104	201	\$	36,986.57	\$ 184.01	5.912	\$ 355.64	\$ 1087.84
PRESCRIPTION DRUGS	104	195		36,861.45	189.03	5.735	354.44	1084.16
SNF/ICF	24	56		6,458.06	115.32	1.647	269.09	189.94
OUTPATIENTS	80	139		30,403.39	218.73	4.088	380.04	894.22
MEDICAL SUPPLIES	2	6		125.12	20.85	.176	62.56	3.68
@DENTIST	47	124	\$	4,011.00	\$ 32.35	3.647	\$ 85.34	\$ 117.97
VISITS - DIAGNOSTIC	29	79		1,460.00	18.48	2.324	50.34	42.94
ORAL SURGERY	9	26		684.00	26.31	.765	76.00	20.12
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	2	2		143.00	71.50	.059	71.50	4.21
ENDODONTICS	3	4		1,065.00	266.25	.118	355.00	31.32
RESTORATIVE DENTISTRY	6	9		709.00	78.78	.265	118.17	20.85
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	2	3		50.00CR	16.67CR	.088	25.00CR	1.47CR
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	2	1		.00	.00	.029	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 YOLO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR CRAIG CASES- DISABLED IN PA-DISABLED AID CODE 6E

PAGE 18,230 03/14/05

34 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	2	4	\$ 74.42	\$ 18.61	.118	\$ 37.21	\$ 2.19
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	2	4	74.42	18.61	.118	37.21	2.19
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00

@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	6	17	\$	1,320.71	\$	77.69	.500	\$	220.12	\$	38.84
HOSP INPATIENT TOTAL	1	0		806.65		.00	.000		806.65		23.73
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	1	0		806.65		.00	.000		806.65		23.73
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	5	17		514.06		30.24	.500		102.81		15.12
MEDICAL	2	2		67.56		33.78	.059		33.78		1.99
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	1	4		59.00		14.75	.118		59.00		1.74
RADIOLOGY	2	3		259.03		86.34	.088		129.52		7.62
ROOM USE	2	2		71.47		35.74	.059		35.74		2.10
CROSSOVERS/ALL OTH OUTPTNT	2	6		57.00		9.50	.176		28.50		1.68
@COUNTY HOSPITAL TOTAL	1	2	\$	60.03	\$	30.02	.059	\$	60.03	\$	1.77
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	1	2		60.03		30.02	.059		60.03		1.77
MEDICAL	1	1		22.72		22.72	.029		22.72		.67
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	1	1		37.31		37.31	.029		37.31		1.10
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,231
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
YOLO COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- DISABLED IN PA-DISABLED AID CODE 6E

	34 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL		5	15	\$ 1,260.68	\$ 84.05	.441	\$ 252.14	\$ 37.08

COMM HOSP INPATIENT TOTAL	1	0		806.65	.00	.000	806.65	23.73
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	0		806.65	.00	.000	806.65	23.73
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	4	15		454.03	30.27	.441	113.51	13.35
MEDICAL	1	1		44.84	44.84	.029	44.84	1.32
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	1	4		59.00	14.75	.118	59.00	1.74
RADIOLOGY	2	3		259.03	86.34	.088	129.52	7.62
ROOM USE	1	1		34.16	34.16	.029	34.16	1.00
CROSSOVERS/ALL OTH OUTPTNT	2	6		57.00	9.50	.176	28.50	1.68
@STATE HOSPITAL	0	0	\$	.00	.00	.000	.00	.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	6	214	\$	25,761.62	120.38	6.294	4293.60	757.69
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	1	31		3,884.92	125.32	.912	3884.92	114.26
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	5	183		21,876.70	119.54	5.382	4375.34	643.43
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	.00	.000	.00	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	4	18	\$	162.03	9.00	.529	40.51	4.77
PATHOLOGY	4	18		162.03	9.00	.529	40.51	4.77
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	41.37	.00	.000	.00	1.22
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		41.37	.00	.000	.00	1.22

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,232
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
YOLO COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- DISABLED IN PA-DISABLED AID CODE 6E

	34 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	73		2,254	\$ 10,728.11	\$ 4.76	66.294	\$ 146.96	\$ 315.53
DURABLE MED. EQUIP.	0		0	.00	.00	.000	.00	.00
BLOOD BANK	0		0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0		0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	2		16	175.93	11.00	.471	87.97	5.17

AMBULANCES/AIR TRANS	1	8	149.38	18.67	.235	149.38	4.39
OTHER TRANS	1	8	26.55	3.32	.235	26.55	.78
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	2	41	2,852.78	69.58	1.206	1426.39	83.91
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	13	29	262.58	9.05	.853	20.20	7.72
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	54	1,175	7,197.53	6.13	34.559	133.29	211.69
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	2	993	239.29	.24	29.206	119.65	7.04
@CALIF. CHILDREN SERVICES*	5	17	\$ 2,676.03	\$ 157.41	.500	\$ 535.21	\$ 78.71
@XOVER EXCLUDING STATE HOSP**	12	21	\$ 1,151.19	\$ 54.82	.618	\$ 95.93	\$ 33.86

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 18,233
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
YOLO COUNTY	SUMMARY OF SERVICES FOR CRAIG CASES- TOTAL IN PA-TOTAL	

36 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	269	6,741	\$ 98,605.95	\$ 14.63	187.250	\$ 366.56	\$ 2739.05
@PHYSICIANS SERVICES	16	33	\$ 930.93	\$ 28.21	.917	\$ 58.18	\$ 25.86
OUTPATIENT VISITS	5	5	190.53	38.11	.139	38.11	5.29
OFFICE VISITS	2	2	63.68	31.84	.056	31.84	1.77
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1	68.35	68.35	.028	68.35	1.90
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	2	2	58.50	29.25	.056	29.25	1.63
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00

ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	1	1		3.63	3.63	.028	3.63	.10
RADIOLOGY	1	3		81.31	27.10	.083	81.31	2.26
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	11	24		655.46	27.31	.667	59.59	18.21
@PHARMACY	116	216	\$	39,897.12	\$ 184.71	6.000	\$ 343.94	\$ 1108.25
PRESCRIPTION DRUGS	116	210		39,772.00	189.39	5.833	342.86	1104.78
SNF/ICF	32	66		8,236.18	124.79	1.833	257.38	228.78
OUTPATIENTS	84	144		31,535.82	219.00	4.000	375.43	876.00
MEDICAL SUPPLIES	2	6		125.12	20.85	.167	62.56	3.48
@DENTIST	63	184	\$	7,684.55	\$ 41.76	5.111	\$ 121.98	\$ 213.46
VISITS - DIAGNOSTIC	35	97		1,615.00	16.65	2.694	46.14	44.86
ORAL SURGERY	11	38		1,204.45	31.70	1.056	109.50	33.46
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	3	3		255.10	85.03	.083	85.03	7.09
ENDODONTICS	4	5		1,280.00	256.00	.139	320.00	35.56
RESTORATIVE DENTISTRY	10	19		1,582.00	83.26	.528	158.20	43.94
PROSTHETICS	1	1		.00	.00	.028	.00	.00
DENTURES, STAYPLATES	6	20		1,748.00	87.40	.556	291.33	48.56
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	2	1		.00	.00	.028	.00	.00

#CALIF DEPT OF HEALTH SERV
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MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004
 FEE-FOR-SERVICE/DENTAL
 SUMMARY OF SERVICES FOR CRAIG CASES- TOTAL IN PA-TOTAL

PAGE 18,234
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----- MONTHLY AVERAGE -----

36 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	2	4 \$	74.42	\$ 18.61	.111	\$ 37.21	\$ 2.07
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	2	4	74.42	18.61	.111	37.21	2.07
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0 \$	.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0 \$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	6	17 \$	1,320.71	\$ 77.69	.472	\$ 220.12	\$ 36.69
HOSP INPATIENT TOTAL	1	0	806.65	.00	.000	806.65	22.41
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	0	806.65	.00	.000	806.65	22.41
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	5	17	514.06	30.24	.472	102.81	14.28
MEDICAL	2	2	67.56	33.78	.056	33.78	1.88
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	4	59.00	14.75	.111	59.00	1.64
RADIOLOGY	2	3	259.03	86.34	.083	129.52	7.20
ROOM USE	2	2	71.47	35.74	.056	35.74	1.99
CROSSOVERS/ALL OTH OUTPTNT	2	6	57.00	9.50	.167	28.50	1.58
@COUNTY HOSPITAL TOTAL	1	2 \$	60.03	\$ 30.02	.056	\$ 60.03	\$ 1.67
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	2	60.03	30.02	.056	60.03	1.67
MEDICAL	1	1	22.72	22.72	.028	22.72	.63
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	1	37.31	37.31	.028	37.31	1.04
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

36 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	5	15	\$ 1,260.68	\$ 84.05	.417	\$ 252.14	\$ 35.02
COMM HOSP INPATIENT TOTAL	1	0	806.65	.00	.000	806.65	22.41
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	0	806.65	.00	.000	806.65	22.41
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	4	15	454.03	30.27	.417	113.51	12.61
MEDICAL	1	1	44.84	44.84	.028	44.84	1.25
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	4	59.00	14.75	.111	59.00	1.64
RADIOLOGY	2	3	259.03	86.34	.083	129.52	7.20
ROOM USE	1	1	34.16	34.16	.028	34.16	.95
CROSSOVERS/ALL OTH OUTPTNT	2	6	57.00	9.50	.167	28.50	1.58
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	6	214	\$ 25,761.62	\$ 120.38	5.944	\$ 4293.60	\$ 715.60
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	1	31	3,884.92	125.32	.861	3884.92	107.91
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	5	183	21,876.70	119.54	5.083	4375.34	607.69
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	4	18	\$ 162.03	\$ 9.00	.500	\$ 40.51	\$ 4.50
PATHOLOGY	4	18	162.03	9.00	.500	40.51	4.50
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$ 41.37	\$.00	.000	\$.00	\$ 1.15
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	41.37	.00	.000	.00	1.15

#CALIF DEPT OF HEALTH SERV MOP024 YOLO COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

FEE-FOR-SERVICE/DENTAL SUMMARY OF SERVICES FOR CRAIG CASES- TOTAL IN PA-TOTAL

PAGE 18,236 03/14/05

36 ELIGIBLES

USERS

UNITS OF SERVICE

EXPENDITURES

AVERAGE COST

MONTHLY AVERAGE
UNITS/DAYS COST PER COST PER

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	91	6,055	\$	22,733.20	\$ 3.75	168.194	\$ 249.82	\$ 631.48
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	.00
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	2	16		175.93	11.00	.444	87.97	4.89
AMBULANCES/AIR TRANS	1	8		149.38	18.67	.222	149.38	4.15
OTHER TRANS	1	8		26.55	3.32	.222	26.55	.74
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	12	146		10,158.68	69.58	4.056	846.56	282.19
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	17	37		357.46	9.66	1.028	21.03	9.93
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	58	4,863		11,801.84	2.43	135.083	203.48	327.83
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	2	993		239.29	.24	27.583	119.65	6.65
@CALIF. CHILDREN SERVICES*	5	17	\$	2,676.03	\$ 157.41	.472	\$ 535.21	\$ 74.33
@XOVER EXCLUDING STATE HOSP**	12	21	\$	1,151.19	\$ 54.82	.583	\$ 95.93	\$ 31.98

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,237
 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
 YOLO COUNTY SUMMARY OF SERVICES FOR TOTAL CERTIFIED

44,118 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	53,087	365,833	\$ 15,128,425.68	\$ 41.35	8.292	\$ 284.97	\$ 342.91
@PHYSICIANS SERVICES	4,801	13,317	\$ 660,964.59	\$ 49.63	.302	\$ 137.67	\$ 14.98
OUTPATIENT VISITS	2,660	5,314	172,936.47	32.54	.120	65.01	3.92
OFFICE VISITS	1,296	1,628	58,448.74	35.90	.037	45.10	1.32
HOME VISITS	1	1	44.95	44.95	.000	44.95	.00
EMERGENCY ROOM	554	586	32,587.77	55.61	.013	58.82	.74
PREVENTIVE CARE	8	8	410.10	51.26	.000	51.26	.01
OB VISITS/COMPRI PERI	836	2,977	78,039.39	26.21	.067	93.35	1.77
OTHER OUTPATIENT	91	114	3,405.52	29.87	.003	37.42	.08
INPATIENT VISITS	333	1,019	70,220.22	68.91	.023	210.87	1.59
HOSPITAL VISITS	282	671	29,576.37	44.08	.015	104.88	.67
CRITICAL CARE	43	286	38,903.78	136.03	.006	904.74	.88
SNF/ICF/TRANS IP CARE	27	62	1,740.07	28.07	.001	64.45	.04
OPHTHALMOLOGICAL SERVICES	30	34	1,438.94	42.32	.001	47.96	.03
EXAMINATIONS	30	34	1,438.94	42.32	.001	47.96	.03
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00

INPATIENT HOSPITAL SURGERY	466	1,705		234,179.61	137.35	.039	502.53	5.31
PRINCIPAL SURGEON	266	318		184,179.40	579.18	.007	692.40	4.17
ASSISTANT SURGEON	58	58		10,467.31	180.47	.001	180.47	.24
ANESTHESIOLOGIST	207	1,329		39,532.90	29.75	.030	190.98	.90
OUTPATIENT SURGERY	370	642		42,342.33	65.95	.015	114.44	.96
PRINCIPAL SURGEON	330	435		35,863.14	82.44	.010	108.68	.81
ASSISTANT SURGEON	1	1		107.22	107.22	.000	107.22	.00
ANESTHESIOLOGIST	57	206		6,371.97	30.93	.005	111.79	.14
DIALYSIS	3	4		843.90	210.98	.000	281.30	.02
PATHOLOGY	605	1,375		20,589.90	14.97	.031	34.03	.47
RADIOLOGY	1,259	1,672		82,529.04	49.36	.038	65.55	1.87
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	73	202		3,071.00	15.20	.005	42.07	.07
OTHER SERVICES/ALL X-OVERS	658	1,350		32,813.18	24.31	.031	49.87	.74
@PHARMACY	12,641	43,124	\$	4,312,085.13	\$ 99.99	.977	\$ 341.12	\$ 97.74
PRESCRIPTION DRUGS	12,547	27,520		4,269,295.65	155.13	.624	340.26	96.77
SNF/ICF	1,077	3,268		514,537.77	157.45	.074	477.75	11.66
OUTPATIENTS	11,551	24,252		3,754,757.88	154.82	.550	325.06	85.11
MEDICAL SUPPLIES	274	15,604		42,789.48	2.74	.354	156.17	.97
@DENTIST	18,283	91,923	\$	2,746,879.58	\$ 29.88	2.084	\$ 150.24	\$ 62.26
VISITS - DIAGNOSTIC	13,262	64,407		784,956.18	12.19	1.460	59.19	17.79
ORAL SURGERY	2,349	4,878		245,734.35	50.38	.111	104.61	5.57
DRUGS	94	98		2,175.00	22.19	.002	23.14	.05
ANESTHESIA	9	10		800.00	80.00	.000	88.89	.02
PERIODONTICS	1,050	1,140		109,354.30	95.92	.026	104.15	2.48
ENDODONTICS	1,497	2,597		429,930.25	165.55	.059	287.19	9.75
RESTORATIVE DENTISTRY	5,723	15,068		862,273.91	57.23	.342	150.67	19.54
PROSTHETICS	145	163		4,712.50	28.91	.004	32.50	.11
DENTURES, STAYPLATES	774	2,447		254,565.90	104.03	.055	328.90	5.77
SPACE MAINTAINERS	91	121		12,428.10	102.71	.003	136.57	.28
MAXILLOFACIAL SERVICES	15	15		1,026.09	68.41	.000	68.41	.02
FRACTURES, DISLOCATIONS	1	1		1,200.00	1200.00	.000	1200.00	.03
ORTHODONTIC SERVICES	411	517		35,548.00	68.76	.012	86.49	.81
ALL OTHER SERVICES	420	461		2,175.00	4.72	.010	5.18	.05

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,238
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
YOLO COUNTY SUMMARY OF SERVICES FOR TOTAL CERTIFIED

	44,118 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	400		1,046	\$ 22,008.12	\$ 21.04	.024	\$ 55.02	\$.50
DIAGNOSTIC AND ANC. PROCED	181		191	7,999.60	41.88	.004	44.20	.18
EYE APPLIANCES	331		842	13,819.53	16.41	.019	41.75	.31
OTHER OPTOMETRIC SERVICES	6		13	188.99	14.54	.000	31.50	.00
@CHIROPRACTOR	1		2	\$ 33.44	\$ 16.72	.000	\$ 33.44	\$.00
VISITS	1		2	33.44	16.72	.000	33.44	.00
OTHER SERVICES	0		0	.00	.00	.000	.00	.00
@PODIATRIST	35		42	\$ 597.49	\$ 14.23	.001	\$ 17.07	\$.01
MEDICINE/INJECTIONS	9		10	350.67	35.07	.000	38.96	.01
SURGERY/ANES.	0		0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	1		2	34.60	17.30	.000	34.60	.00
OTHER	26		30	212.22	7.07	.001	8.16	.00
@HOME HEALTH AGENCY	36		575	\$ 19,118.74	\$ 33.25	.013	\$ 531.08	\$.43
NURSE ANESTHESIST	5		26	\$ 615.35	\$ 23.67	.001	\$ 123.07	\$.01
NURSE MIDWIFE	0		0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00

FAMILY NURSE PRACTITIONER	10	23	\$	337.23	\$	14.66	.001	\$	33.72	\$	.01
@TOTAL HOSPITAL	2,751	11,043	\$	2,812,410.71	\$	254.68	.250	\$	1022.32	\$	63.75
HOSP INPATIENT TOTAL	627	2,143		2,602,528.76		1214.43	.049		4150.76		58.99
HSC HOSPITALS	142	602		874,489.28		1452.64	.014		6158.38		19.82
NON-HSC HOSPITAL TOTAL	418	1,541		1,669,557.85		1083.42	.035		3994.16		37.84
ACCOMMODATIONS	417	1,541		540,374.01		350.66	.035		1295.86		12.25
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	417	1,541		540,374.01		350.66	.035		1295.86		12.25
ANCILLARIES	417	0		1,129,183.84		.00	.000		2707.87		25.59
INPATIENT CROSSOVERS	71	0		58,481.63		.00	.000		823.68		1.33
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	2,397	8,900		209,881.95		23.58	.202		87.56		4.76
MEDICAL	222	283		10,081.04		35.62	.006		45.41		.23
SURGERY	293	477		14,330.27		30.04	.011		48.91		.32
PATHOLOGY	1,041	4,180		48,811.06		11.68	.095		46.89		1.11
RADIOLOGY	533	706		42,237.22		59.83	.016		79.24		.96
ROOM USE	1,141	1,441		57,300.00		39.76	.033		50.22		1.30
CROSSOVERS/ALL OTH OUTPTNT	955	1,813		37,122.36		20.48	.041		38.87		.84
@COUNTY HOSPITAL TOTAL	32	106	\$	9,538.56	\$	89.99	.002	\$	298.08	\$	.22
CO HOSPITAL INPATIENT TOTAL	2	4		6,224.45		1556.11	.000		3112.23		.14
HSC HOSPITALS	2	4		5,406.04		1351.51	.000		2703.02		.12
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		818.41		.00	.000		.00		.02
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	31	102		3,314.11		32.49	.002		106.91		.08
MEDICAL	17	18		520.92		28.94	.000		30.64		.01

SURGERY	4	5	248.20	49.64	.000	62.05	.01
PATHOLOGY	8	31	393.25	12.69	.001	49.16	.01
RADIOLOGY	4	5	253.64	50.73	.000	63.41	.01
ROOM USE	22	32	1,562.17	48.82	.001	71.01	.04
CROSSOVERS/ALL OTH OUTPTNT	8	11	335.93	30.54	.000	41.99	.01

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,239
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
YOLO COUNTY SUMMARY OF SERVICES FOR TOTAL CERTIFIED

	44,118 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
					AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	2,724	10,937	\$	2,802,872.15	\$ 256.27	.248	\$ 1028.95	\$ 63.53
COMM HOSP INPATIENT TOTAL	625	2,139		2,596,304.31	1213.79	.048	4154.09	58.85
HSC HOSPITALS	140	598		869,083.24	1453.32	.014	6207.74	19.70
NON-HSC HOSPITALS TOTAL	418	1,541		1,669,557.85	1083.42	.035	3994.16	37.84
ACCOMMODATIONS	417	1,541		540,374.01	350.66	.035	1295.86	12.25
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	417	1,541		540,374.01	350.66	.035	1295.86	12.25
ANCILLARIES	417	0		1,129,183.84	.00	.000	2707.87	25.59
INPATIENT CROSSOVERS	71	0		57,663.22	.00	.000	812.16	1.31
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	2,371	8,798		206,567.84	23.48	.199	87.12	4.68
MEDICAL	205	265		9,560.12	36.08	.006	46.63	.22
SURGERY	289	472		14,082.07	29.83	.011	48.73	.32
PATHOLOGY	1,034	4,149		48,417.81	11.67	.094	46.83	1.10
RADIOLOGY	529	701		41,983.58	59.89	.016	79.36	.95
ROOM USE	1,122	1,409		55,737.83	39.56	.032	49.68	1.26
CROSSOVERS/ALL OTH OUTPTNT	947	1,802		36,786.43	20.41	.041	38.85	.83
@STATE HOSPITAL	31	945	\$	641,154.15	\$ 678.47	.021	\$ 20682.39	\$ 14.53
MENTALLY ILL	0	0		15,450.28	.00	.000	.00	.35
DEVELOP. DISABLED	31	945		625,703.87	662.12	.021	20184.00	14.18
@NURSING FACILITY	275	4,804	\$	584,266.64	\$ 121.62	.109	\$ 2124.61	\$ 13.24
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	66	2,183		251,291.28	115.11	.049	3807.44	5.70
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	3	50		27,777.29	555.55	.001	9259.10	.63
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	206	2,571		305,198.07	118.71	.058	1481.54	6.92
@INTERMEDIATE CARE FACIL.-DD	1	122	\$	22,300.38	\$ 182.79	.003	\$ 22300.38	\$.51
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	1	122		22,300.38	182.79	.003	22300.38	.51
@HEMODIALYSIS TOTAL	15	143	\$	17,682.83	\$ 123.66	.003	\$ 1178.86	\$.40
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	15	143		17,682.83	123.66	.003	1178.86	.40
@REHABILITATION FACILITY	39	380	\$	6,597.73	\$ 17.36	.009	\$ 169.17	\$.15
HOSPITAL BASED	11	60		1,559.55	25.99	.001	141.78	.04
INDEPENDENT FACILITY	28	320		5,038.18	15.74	.007	179.94	.11
@LABORATORY FACILITY	2,180	5,512	\$	86,349.18	\$ 15.67	.125	\$ 39.61	\$ 1.96
PATHOLOGY	2,180	5,512		86,349.18	15.67	.125	39.61	1.96
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	4,352	23,935	\$	869,733.76	\$ 36.34	.543	\$ 199.85	\$ 19.71
CLINIC	2,993	21,964		605,335.08	27.56	.498	202.25	13.72
SURGICENTER	9	51		1,755.51	34.42	.001	195.06	.04
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00

RURAL HEALTH CLINIC
 #CALIF DEPT OF HEALTH SERV
 MOP024
 YOLO COUNTY

1,350 1,920 262,643.17 136.79 .044 194.55 5.95
 MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,240
 FEE-FOR-SERVICE/DENTAL 03/14/05
 SUMMARY OF SERVICES FOR TOTAL CERTIFIED

44,118 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	15,944	168,871	\$ 2,325,290.63	\$ 13.77	3.828	\$ 145.84	\$ 52.71
DURABLE MED. EQUIP.	41	140	24,051.07	171.79	.003	586.61	.55
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	155	2,525	22,160.54	8.78	.057	142.97	.50
AMBULANCES/AIR TRANS	139	1,514	17,870.96	11.80	.034	128.57	.41
OTHER TRANS	11	1,312	2,480.05	1.89	.030	225.46	.06
OTHER SERVICES	6	301CR	1,809.53	6.01CR	.007CR	301.59	.04
ACUPUNCTURE	2	3	48.66	16.22	.000	24.33	.00
ADULT DAY HEALTH CARE CTR	1,226	15,932	1,108,436.60	69.57	.361	904.11	25.12
GENETIC DISEASE TESTING	482	482	50,610.00	105.00	.011	105.00	1.15
IHMC,MODEL-NF,NF,AIDS,MSSP	165	12,632	386,732.18	30.62	.286	2343.83	8.77
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	3,358	7,319	71,089.16	9.71	.166	21.17	1.61
PHYSICAL THERAPIST	2	20	294.15	14.71	.000	147.08	.01
PORTABLE X-RAY	6	14	65.76	4.70	.000	10.96	.00
PROSTHETIST/ORTHOTISTS	8	13	696.04	53.54	.000	87.01	.02
PROSTHETICS	8	13	696.04	53.54	.000	87.01	.02
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	29	51	2,697.86	52.90	.001	93.03	.06
SPEECH AND AUDIOLOGY	5	20	794.70	39.74	.000	158.94	.02
HOSPICE SERVICES	3	50	5,681.00	113.62	.001	1893.67	.13
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	10,512	77,903	566,519.35	7.27	1.766	53.89	12.84
EPSDT SUPPLEMENTAL SERVICE	20	2,584	74,080.21	28.67	.059	3704.01	1.68
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	91	49,183	11,333.35	.23	1.115	124.54	.26
@CALIF. CHILDREN SERVICES*	246	4,461	\$ 356,738.67	\$ 79.97	.101	\$ 1450.16	\$ 8.09
@XOVER EXCLUDING STATE HOSP**	526	1,176	\$ 117,048.03	\$ 99.53	.027	\$ 222.52	\$ 2.65

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.